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Migration matters : the experience of United Kingdom registered nurses migrating to Western Australia

Caroline J. Vafeas
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EDITH COWAN UNIVERSITY
SCHOOL OF NURSING AND MIDWIFERY

Migration Matters

The Experience of United Kingdom Registered Nurses Migrating to Western Australia

Caroline Jane Vafeas

**This thesis is presented for the Degree of
Doctor of Philosophy
at
Edith Cowan University**

September 2013

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Abstract

This qualitative study uses heuristic inquiry to investigate the unique journey of 21 registered nurses (RN) who migrated from the United Kingdom (UK) to Perth in Western Australia (WA) between 2003 and 2008. The study explores the reasons for migration as well as the professional, social and psychological impact on each participant and their accompanying family during the first two years of settling in a new country.

In the contemporary climate of international nurse mobility, many employers are attempting to attract new employees, often with tantalising offers of an immediate visa and the enticement of a better climate and standard of living. Migration is costly financially and socially, with many nurses finding that the dream does not live up to the reality.

The purpose of this study is to search for the *essence* of the phenomenon of migration for RNs from the UK moving to WA, including the psychological and sociocultural adaptation experienced by the participants. With the focus being to capture the experience of UK migrant nurses in WA, heuristic inquiry was chosen as the research methodology, offering the researcher an opportunity to be included in the study due to personal experience as an RN migrating to WA in 2003.

The professional and personal challenges faced by the participants are examined in detail and offer an insight into the complicated and often frustrating process faced by UK nurses when migrating to WA. Three main themes were uncovered during the heuristic process: (a) *making the move: finding a way*; (b) *new life: fitting in*; and (c) *here to stay*. Heuristic inquiry encouraged the development of a *creative synthesis* to represent the whole experience and resulted in my distinctive representation, *Nurse migration: A model for success*. This model is underpinned by the theoretical framework used to support the research, the work of Kingma who identified the main *push* and *pull* factors affecting the decision of nurses to migrate.

Three main coping strategies identified in this study were: (a) developing resilience; (b) finding a new professional identity; and (c) having the ability to adapt to a new life.

Feelings of *belonging* were found to be necessary to make the move a success, with the need for new friends and a replacement family being a high priority for all participants.

This study also highlighted many issues that need to be considered by future UK migrant nurses before embarking on such a massive upheaval to their professional and personal life. Policy makers and Australian employers must consider the total impact of migration upon the nurses they employ and investigate how they can improve conditions that may allow them to “live the dream” both professionally and personally.

Keywords

registered nurse, nurse migration, Australia, heuristic inquiry

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Signed:

Date: 16-09-2013

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Abbreviations and Terms

AHPRA

Australian Health Practitioner Regulation Agency

Assistant in Nursing (AIN)

Unlicensed healthcare worker in Australia

ANMC

Australian Nursing and Midwifery Council

Clinical Nurse (CN)

Nursing level above Registered Nurse

District nursing

Nursing care of people in their own homes

Emigration

Act of departing or exiting from one State with a view to settling in another. International human rights norms provide that all persons should be free to leave any country, including their own, and that only in very limited circumstances may States impose restrictions on the individual's right to leave its territory.

Enrolled Nurse (EN) Australia

Person licensed under Australian State or Territory Nurses Act or Health Professionals Act to provide nursing care under the supervision of a Registered Nurse.

Enrolled Nurse (EN) UK

Enrolled nurse training is no longer provided in the UK; however, ENs are still legally able to practice in the UK as nurses. Many have now either retired or undertaken conversion courses to become first level nurses.

Immigration

Process by which non-nationals move into a country for the purpose of settlement.

Migrant

At the international level, no universally accepted definition of migrant exists. The term *migrant* is usually understood to cover all cases where the decision to migrate is taken freely by the individual concerned for reasons of "personal convenience" and without intervention of an external compelling factor. This term therefore applies to persons, and family members, moving to another country or region to better their material or social conditions and to improve the prospects of advancement for themselves or their family.

Migration

Process of moving, either across an international border or within a State. Migration is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, uprooted people, and economic migrants.

NMBWA

Nursing and Midwifery Board of Western Australia

Nursing Auxiliary

Unlicensed healthcare worker in the UK

Permanent residence

Right granted by a host State to a non-national to live and work therein on a permanent (unlimited) basis.

Personal Care Assistant

Unlicensed healthcare worker in Australia

Penalty rates

Extra duty payments/shift allowances given to nurses for working unsocial hours

Registered Nurse (RN) Australia

Person registered in Western Australia under the Nurses and Midwives Act 2006 and who holds a current practising certificate and any other qualification required for working in a particular field of nursing.

Registered Nurse (RN) UK

To practice lawfully as a registered nurse in the United Kingdom, the practitioner must hold a current and valid registration with the Nursing and Midwifery Council. The title "Registered Nurse" can only be granted to those holding such registration. This protected title is laid down in the Nurses, Midwives and Health Visitors Act, 1997.

Registered Nurse Level 2 (RN-2) Australia

An RN who is appointed at this level is required to perform in the stream of clinical, management, research, or staff development duties delegated by a senior RN. They are often referred to as a Clinical Nurse or Staff Development Nurse.

Royal College of Nursing (RCN)

A professional nursing organisation in the UK that offers industrial relations and professional support to nurses.

Skilled migrant

Migrant worker, who, because of skills attained, is granted preferential treatment regarding admission to a host country (and is therefore subject to fewer restrictions regarding length of stay, change of employment, and family reunification).

Sponsorship

Act of promising financial support for a non-national seeking entry to the State. Some States require either sponsorship or proof of adequate income as a condition for certain categories of immigration status.

UK Migrant Nurse

For the purpose of this study, a UK migrant nurse is a Level 1 nurse registered with the Nursing and Midwifery Council (NMC) in the UK who moves on a temporary or permanent basis to Western Australia to practise as a nurse and is registered in Division 1 with the Nurses Board of Western Australia (NBWA).

Visa

Paperwork that establishes the criteria of admission into a State. It is an endorsement by a consular officer in a passport or certificate of identity that indicates that the officer, at the time of issuance, believes the holder to fall within a category of non-nationals who can be admitted under the State's laws (International Organization for Migration, 2011).

The Beginning

It was meant to be a normal day but that is not how it turned out. By tea time, we had decided to move home, children, jobs and lives 14,000 km away to the other side of the world. This was the day my life changed. It was 23 January 2002 and I thought I had it all—two very young, demanding but adorable children, fantastic friends who shared life's important events with me, and a reliable, hardworking husband with special qualities. Both professionals, we paid the mortgage on time and enjoyed a good lifestyle.

I had held a senior nursing position, in Eastbourne, UK for many years, mostly in the field of district nursing, visiting and providing nursing care to people in their own homes. I had also worked for the Royal College of Nursing in a voluntary capacity by chairing the National District Nursing Forum, which identified and offered solutions to key issues in the arena of district nursing throughout the UK. I had slowly climbed to the top of the nursing tree, taking many years to ensure I was going in the right direction. Having recently completed a master's degree in nursing and education, I had had a few publications as a result of the degree. I had even achieved media exposure on national television. (When the Labour Party took over after 10 years of Conservative power, I appeared on BBC's *Newsnight* to ask the new Secretary State for Health how the new government could improve health care.) Then there was my new position as Senior Lecturer in Community Nursing at Brighton University. Having struggled academically at school, this was a post I would never have thought myself capable of reaching. Then suddenly, in the space of a 10-minute conversation, I gave it all away.

Why would someone leave friends and family behind and move all that distance to somewhere unknown and to goodness knows what? To arrive in a strange land with no home, no keys, no car, no job, to start again as a nurse in a foreign country. To feel all those years of nursing accounted for nothing. To begin again at the bottom of the tree. To feel the pain of rejection for a role you are far too experienced for. To be confused about a system because no one explained it to you. To relearn health care, real estate, banking, driving, education and employment. It was frustrating. And it was hard.

We did not appreciate the enormity of our decision at the time, not to mention the financial haemorrhage we were about to face. How did I get here? And why am I still here?

Chapter 1

Introduction

Introduction

I am the researcher and have had personal experience of being a registered nurse (RN) from the United Kingdom (UK) who migrated to Perth (pop. 1.7 million), the capital of the State of Western Australia (WA). This experience was fraught with professional, social and personal consequences. My increasing desire to understand this experience culminated in the current study of the phenomenon of migration.

As a migrant nurse, I endured a period of uncertainty lasting 2-3 years, regarding my role as an RN in Australia. This uncertainty called me to question my perceived professional competence. It was a time of reflection and major personal upheaval, a period of emotional and social re-visioning, which brought with it physical challenges and feelings of insecurity. I often questioned my psychological wellbeing during the testing times of the early days after migration. I felt isolated, as though I was the only person to experience thoughts and feelings of detachment from the familiar. It was only through time and dialogue with other nurse migrants that I recognised that many UK migrant nurses had experienced similar challenges. I needed to understand my motivation to migrate by understanding the migration experiences of other UK nurses. This was especially important to me because, historically, UK convicts and “ten pound poms” settled Australia, and I had a family member who came to live in Australia in the 1960s.

Migrants from the UK have contributed significantly to the working population of Australia. In 2010–11, UK migrants to Australia were the second largest population group by country of origin in Australia’s total migration program (behind China) (Department of Immigration and Citizenship, 2012a). WA attracted the greatest proportion of net overseas migrants from the UK (Australian Bureau of Statistics, 2006b). A 2010 survey of midwives in WA, which included dual-registered midwives/nurses, found that 25% of respondents had obtained their initial

qualification in the UK, which was a larger proportion than the 10–15% reported in a national sample (Pugh, Twigg, Martin, & Rai, 2013).

Several important aspects within the literature about contemporary migrant experiences are pertinent to understanding the impact of migration on migrants. Reasons for migration have been explored internationally (Bjarnason & Thorlindsson, 2006; Bland & Woolbridge, 2011; Thomas, 2009) but previous research does not specifically consider UK nurses migrating to WA, although Sidebotham (2010) studied midwives migrating from the UK to Queensland.

Teo (2007) notes that personal accounts of the lived experiences of migration may be veiled behind reams of migration data and statistics that generalise a largely individual experience. This means the essence of an individual experience may be lost or hidden, leaving only a broadbrush representation of the phenomenon. One method of research that captures the essence of individual experience is heuristic inquiry (the process of knowing without necessarily having an organised hypothesis). Hence, other researchers have used it to understand aspects of personal experience (Anastasakis, 2003; Kingsley, 1998).

The focus of Australia's migration policy has changed over the years, particularly in relation to the "skilled" category, which recognises areas of unmet needs for a specific speciality. State governments are recruiting nurses from overseas to fill shortfalls in the nursing workforce. Much money is spent on recruitment programs to attract nurses to Australia; hence, understanding the experience of migrant nurses is warranted to ensure the investment, including the personal costs of relocation, are not squandered. It is, therefore, important for policy makers and employers in the WA healthcare system to understand the experience of individual nurses in order to initiate strategies to retain migrants in the nursing workforce.

Background

The demand for healthcare services in Australia is driven by an increase in the local population and by changing demographic characteristics. Population growth continues, and the increase in the number of older adults and concomitant life

expectancy, as well as an increase in migrants from culturally and linguistically diverse backgrounds, has an impact on the type of health services required to meet the needs and demands now and into the future (Health Workforce Australia, 2012).

By 2021, it is projected that the Australian population will reach 25.6 million. The proportion of the population 65 years and over is expected to increase substantially, from 13% of the population in 2010 to 25% by 2053 (Australian Bureau of Statistics, 2013a). The growth rate of those aged 85 years and over is projected to be even more significant. Between 2006 and 2016 alone, the number of people over 85 years was projected to grow by more than 60% to 521,000. By 2036, it is expected to more than double to 1.1 million. This burgeoning of the aged population will increase the need for specialised health services (including RNs) to cater for over-65s within the Australian healthcare system (Health Workforce Australia, 2012).

Workforce projections indicate that by 2025 there will be a shortfall of 61,000 RNs in Australia. Australia faces a shortage of qualified nurses to fill positions in both rural and urban centres (Australian Nursing Federation, 2005; Dunn, 2003; Firtko, Stewart, & Knox, 2005). However, nurses themselves are also representative of the fastest ageing group within the health workforce. Currently, many registered nurses (15.6%) are aged between 50 and 54 (Australian Health Practitioner Regulation Agency, 2013; Australian Institute of Health and Welfare, 2012), forming a large group possibly ready for retirement within the next 10 years. Moreover, Pugh et al. (2013) found that 45% of WA midwives were aged 50 or more compared to 31% in national samples, the mean age for midwives in the Pugh study being 46.6 years.

The shortage of RNs across all specialties is reflected globally and this has implications not only for patient care but also for the retention and recruitment of nurses. The importance of retaining nurses begins with retention in the educational setting. In 1999/2000 the national average attrition rate from pre-registration programs was 7% (National Nursing and Nursing Education Taskforce, 2005), despite increased funding for places in pre-registration programs (Department of Education Science & Training, 2004). There has been a gradual increase of pre-registration nurses in Australia, from 2003 to 2010 (7,926 commencements in 2003 and 13,838 in 2010). Completions have

also grown over the same period (5,306 domestic completions in 2003 to 7,708 in 2010). However, many of this number choose to work only part-time on qualifying as RNs (Australian Institute of Health and Welfare, 2012).

The current nursing shortage, combined with the ageing nursing workforce and the projected future population increases, highlights the need for further research about migrant nurses in the WA workforce. We need to understand and address issues related to the retention of migrant nurses to the Australian healthcare system and, in particular, those migrating from the UK because these nurses offer a sustainable solution to the problem of looming shortages in the work place.

Significance

An understanding of the knowledge of migration issues is expected to enhance the transition process from “UK nurse” to “Australian nurse” by informing the development of new approaches to orientation and integration into the Australian healthcare system. This knowledge could facilitate the retention and ongoing productivity of UK nurse migrants in WA work places.

Purpose

The purpose of this study is to examine the migration experience of RNs moving from the UK to live and work in WA in order to understand the essence (the essential underlying meaning) of the migration phenomenon.

Research Question

- What is the experience of RNs from the UK migrating to WA?
- What attributes are necessary for successful migration of RNs from the UK to WA?

Research Aims

1. To explore the essence of the migration experience of RNs from the UK settling in WA.

2. To discover the impact of resettlement in WA on the registered nurse's professional and personal identity.
3. To identify the attributes related to successful migration for RNs from the UK.
4. To inform policy makers of the likely implications of migration for RNs from the UK and to offer strategies to address these implications.

Theoretical framework

Theoretical frameworks that have been influential in the study of migration include Ravenstein's *The Laws of Migration* (1885), Lee's push-pull theory of migration (1966), and the work of Kingma (2006) that translated the concepts of push and pull into an understanding of nurse migration. The Unified Theory of Henriques (2011) upholds that such psychological theories represent knowledge of the past and, where they are valid and applicable, they are best brought into the present if, and when, they illuminate social realities. With this in mind, the respective theories of Ravenstein, Lee and Kingma are applied in this study.

Ravenstein's seminal work of 1885 on explaining and predicting migration patterns continues to serve today as the starting point for virtually all models of migration patterns. Ravenstein (1885) deduced that the concepts of absorption and dispersion explained migration. That is, a country of absorption, generally speaking, took in more people than it gave up through migration; whereas a country of dispersion was one that on the whole gave up population over time (Tobler, 1993).

Lee (1966) reformulated Ravenstein's work by outlining the impact that intervening obstacles may have on the migration process. Lee argued that variables such as distance, physical and political barriers, and having dependents, could dissuade people from migrating. In addition, according to Lee variables such as age, gender, and social class influenced the effect of the push-pull factors, which often affected the individual's ability to deal with obstacles during migration.

In Lee's push-pull theory, factors responsible for migration fall into two groups: push factors and pull factors. Push factors are the undesirable attributes of the donor country (or country of origin) and pull factors are the attributes of the recipient

country that attract an individual. Push factors include few employment opportunities, primitive conditions, desertification, famine or drought, political fear or persecution, poor medical care, loss of wealth, natural disasters, death threats, lack of political or religious freedom, pollution, poor housing, landlord/tenant issues, bullying, discrimination and poor chances of marrying. Pull factors include job opportunities, better living conditions, political and/or religious freedom, enjoyment, education, better medical care, attractive climate, security, family links, industry and better chances of marrying.

The work of Kingma (2006) builds upon the 1885 work of Ravenstein and the 1966 work of Lee in regards to migration patterns and the factors that influence a person's decision to move from, or stay in, their place of origin. Kingma also referred to these factors as "push and pull". However, in her work on nurse migration, Kingma contended that no matter how appealing the pull factors, a person would only migrate when strong push factors also were present. Kingma purported that the migration of nurses from the UK was a symptom of a dysfunctional health system and highlighted the irony that the reasons behind the nursing shortages in industrialised countries such as the United States and Australia also created the greatest pull factor.

According to Kingma (2006), the push factors for nurses globally included low salary, diaspora or being forced leave the homeland, poor quality of life, high crime, armed conflict, political repression, lack of education/employment opportunities, work-associated risks, high workloads and poor management. The pull factors for nurses included high remuneration, job satisfaction, a safe working environment, better resourced health systems, professional development opportunities, political and economic stability, travel opportunities, active recruitment strategies, a large expatriate community, and the presence of family and friends (see Figure 1).

Kingma (2006) noted that once nurses made the decision to migrate, significant barriers remained. Such barriers as the process of requalifying in the destination country, the expense of the physical and professional moves, needing to learn new technical terminology, adapting to different clinical practices, and time-consuming and costly migration procedures were among the challenges.

The work of Kingma (2006) on push and pull factors has gone some way to bridging the empirical–interpretive gap in research by acknowledging that migration decisions are influenced by socio-political, economic and environmental influences that will ultimately *coerce* a person into deciding to leave their homeland. Teo (2007) and Mitchell (1997) recommended further research within a qualitative framework in order to understand the meaning of the migration experience from the personal perspective. Stillwell et al. (2003) also believe that qualitative research may help identify factors relating to healthcare workers' motivations to migrate and that exploration of their perceptions are necessary to ensure that the statistics are married with the real-life experiences.



Push Factors	Pull Factors
 <ul style="list-style-type: none"> ➤ Poor quality of life ➤ High crime ➤ Armed conflict ➤ Political repression ➤ Lack of education ➤ Unemployment ➤ Lack of job satisfaction ➤ Discrimination ➤ Corruption ➤ Poor management and leadership ➤ Professional isolation ➤ Absence of career development opportunities ➤ Work-associated risks ➤ High inflation ➤ Out of reach mortgages 	<ul style="list-style-type: none"> ➤ High remuneration ➤ Job satisfaction ➤ Safe work environment ➤ Better resourced health systems ➤ Professional development opportunities ➤ Political and economic stability ➤ Travel opportunities ➤ Employment opportunities for family members ➤ Family support ➤ Facilitation with migration process 

Figure 1 Push and pull factors. Adapted from *Nurses on the move: Migration and the global health care economy*, by M. Kingma, 2006, p. 19 Cornell University Press.

Heuristic inquiry (Moustakas, 1990) was the chosen methodology in this study to develop a core understanding of the phenomenon of migration for UK nurses moving to WA, the impact of resettlement on personal and professional identity, and the attributes of a successful migration. The central tenets of heuristic inquiry are from the phenomenological movement but extend to allowing the researcher to be the centre of the experience. It was chosen as it encourages connectedness and guides the researcher towards uncovering personal meaning, encouraging the development of a creative synthesis as the final product. Heuristic inquiry also identifies participants as whole people within the data, and subsequent analysis retains the essence of the person in the experience. It was therefore considered the most appropriate methodology for this study.

Summary

This chapter introduced the contemporary nursing climate in relation to migration on both an international and national level. While RNs are in demand to fill global shortages in the nursing workforce, the rationale to research how migrant nurses may meet this need and be retained within the workplace has been explicated. Within the literature, there is significant exploration of the topic of international migration and a smaller number of studies relating to the experience of nurses and migration. However, there is a paucity of literature exploring outbound UK migrants and even less that explores in-depth the experience of migrating.

The experience of RNs migrating from the UK to Perth in WA was explored in this study. A qualitative approach using heuristic inquiry was employed to explore the unique experiences of this group of migrant nurses. The use of heuristic inquiry also allows the researcher to acknowledge her personal experience of migrating from the UK to Australia in 2003.

The study will be of significance to current and future UK nurse migrants and Australian employers of UK migrant nurses as the movement of nurses to Australia and the issues related to personal and professional identity will be outlined.

Chapters to Follow

The literature around the topic of migration is reviewed in the following chapter. In Chapter 3 the heuristic inquiry process is presented as the most appropriate philosophical underpinning in which to frame this study. The application of steps in data collection and thematic analysis by Moustakas (1990) are presented in Chapter 4.

A reflection of the personal migration experience of the researcher is given in Chapter 5, while insight into the lives of the 20 participants is offered in Chapter 6 through individual depictions. Chapter 7 is a composite depiction where the collective experience of all participants and the researcher is presented.

An exemplary portrait of Mary, which captures the essence of the person behind the experience, is presented in Chapter 8 along with a discussion of the findings in light of the literature. In Chapter 9 the creative synthesis representing the culmination of the heuristic journey is presented. In this study, the creative synthesis is presented as a migration model that offers a picture of the influences of migration as experienced by the researcher and the participants. In Chapter 10, the final chapter, the new knowledge generated by the study is detailed, the study's limitations outlined, and recommendations for further research are made.

Chapter 2

Literature Review

Introduction

Chapter 1 identified that the migration of nurses from the UK to Western Australia is a significant issue in terms of the need to understand their experiences. The attributions of a successful migration experience for nurses will assist in addressing current and future workforce deficits. The purpose of this chapter is to contextualise the migration journey for participants through a review of the literature. The main themes revealed issues related to: global nurse migration; nurse migration to Australia; UK nurse migration to Australia; Australian visa and registration considerations for nurses; the professional experience of nurse migrants in Australia; and the psychosocial adaptation relating to migration including belonging, emotional wellbeing and the need for social connection.

Search Strategy

The review of the literature incorporated three distinct methods of searching. First, the Cumulative Index for Nursing and Allied Health (CINAHL) was used to search for keywords *migrat**, *emigrat**, *immigrat**, *immigrant** *international nursing migration* and *nurse migration*. These keywords were then used to search Google and Google Scholar. Second, Edith Cowan University's One Search (incorporating MEDLINE, PsycINFO, Health Collection, APA-FT, Scopus, ISI Web of Science and Science Direct) was then searched to locate full text references. These particular search terms were used as they covered the basic themes being explored in this study. The cited literature is drawn predominantly from the previous 15 years, 1998–2013. In addition, seminal works on migration and nurse migration, including psychological perspectives of the migration experience, were examined. Third, a search of the Australasian Digital Thesis Repository (ADT) for relevant unpublished, scholarly theses relevant to the topic or methodology was undertaken. This search yielded 18 theses. Thirteen were discarded after closer examination as they were found not to be relevant to either topic or methodology. One thesis was specific to the topic while two used an adaptation of the same methodology; two addressed both the topic and the

methodology used in this study. Three additional doctoral theses, unavailable electronically, used heuristic inquiry with two related to nursing. A final literature search was performed in June 2013 to access any pertinent sources previously unpublished. This final search also incorporated literature relevant to emerging issues identified during the course of data analysis and after the first literature search.

Migration Matters: Defining the Phenomenon

The terminology around migration is often confusing because various terms are used interchangeably within the literature. This section substantiates the researcher's choice to use the terms *immigration*, *migration* and *migrant* rather than *emigrate* or *immigrant* throughout this literature review and thesis.

Immigration is described as the process by which non-natives move to a country for the main purpose of settling, whereas migration is described as the process of moving either across a country border or within a state. Immigration is used in the literature to describe the movement of people into a country (Department of Immigration and Citizenship, 2009b, 2012c). The term migration covers all those moving for many purposes to establish themselves either permanently or temporarily in another country or state. Migration includes the movement of a population movement, and the movement of refugees and displaced persons (World Migration, 2008). Diaspora is also a term used in the migration literature to describe the movement or scattering of people away from their homeland, often forced, moving away from a known community. It was often used to describe the historical movement of Jews and current movement of Polish, African and Indian communities to many countries throughout the world. Studies have identified that often this group of migrants have thoughts of returning to the homeland (Brown, 2011; Christou, 2011; Dickinson & Bailey, 2007).

A migrant worker, such as a nurse, or a skilled migrant (again, in my research a nurse) is someone who works and receives payment in a state or country in which they are not a national (World Migration, 2008). The terms migrant and migrant nurse are well used by other authors experienced in the area of migration (Bernstein, Park, Shin, Cho, & Park, 2011; Department of Immigration and Citizenship, 2007; Mapedzahama,

Rudge, West, & Perron, 2012; Sidebotham, 2010). The terms migrant and migrant nurse will therefore be used predominantly throughout this study.

Global Nurse Migration

The exchange of nurses between developed countries has occurred in relatively stable numbers for many years. Nursing represents a “portable” profession, with registered nurse qualifications allowing nurses to work within many countries. Governments in many countries have also recognised the global movement of nurses and the potential for productivity and profitability in terms of developing programs for preparing nurses for export (Aiken, Buchan, Sochalski, Nichols, & Powell, 2004; Brush, 2008; Brush & Sochalski, 2007). Facilitating such movement, countries like Australia attract overseas nurses by offering incentives such as degree conversion for overseas qualified nurses to be registered in the host country (Konno, 2006).

Studies on the international movement of nurses may be traced back 20 years (Aiken et al., 2004; Buchan, 2001; Evans & Tulaney, 2011; International Council for Nurses, 1999), including studies on the satisfaction of nurses migrating to the UK (Bach, 2007; Hardill & MacDonald, 2000). Kline (2003) identified 10 years ago that nurses will continue to migrate in pursuit of improved standards of living and professional opportunities but found that the opportunity to travel and experience other countries was not identified as a significant reason for migration. However, Adams and Kennedy (2006) found there are numerous reasons why nurses choose to migrate, including political, economic and social reasons. Kingma (2006) identified that these reasons usually fell into one of three categories: (a) improved learning and practice opportunities, (b) better pay or working conditions, or (c) personal safety reasons. This was supported by Ronquillo, Boschma, Wong, and Quiney (2011) in a study of the movement of Filipino nurses to Canada; they identified better working conditions, a higher standard of living and an increased chance of professional development as the key reasons for choosing to migrate. However, Sidebotham (2010) found that the desire for a better standard of living and the need for a challenge were far more significant reasons for migration than any professional reasons when studying a group of UK midwives migrating to Queensland, Australia.

In 2006 Kingma identified international nurse migration as one of the most important healthcare trends today, but highlights concern about the patients left behind in donor countries with fewer nurses to care for them. This issue of international nurse migration is also of concern to the International Council of Nurses as many countries are experiencing a shortage of skilled nurses. A statement on ethical nurse recruitment has been developed and many countries have agreed to abide by these standards (International Council of Nurses, 2001). More recently, the ICN has released a statement on the international migration of nurses identifying that all nurses have the right to move country regardless of reason or country of origin (International Council of Nurses, 2007).

Evans and Tulaney (2011) recognised the impact on developing countries when nurses departed, clearly leaving gaps in the workforce in the source country. They acknowledged the need for the destination country to address their own shortages and identify strategies to rectify these locally, rather than constantly relying on international nurse migration. Many countries are fully dependent on international nurses for the provision of local health care. Humphries, Brugha, and McGee (2012) claimed that in Ireland, without international nurse migrants, hospitals beds would be likely to close due to a lack of skilled registered nurses. International nurse recruitment by the Irish government has been increasingly active over the past 10 years, with suggestions that it is cheaper to import nurses than to train their own. Kaelin (2011) agrees that nurse migration from developing countries to developed countries causes an imbalance in global healthcare provision, with the source country usually the one left with chronic nurse shortages.

In a review of nurse migration, Freeman, Baumann, Fisher, Blythe, and Akhtar-Danesh (2012) identified that the phenomenon of global nurse migration affects nursing organisations and employers in every country. They also recognised that the trend of migration of nurses will continue to increase and that nurses and their experiences are the key to the future of research in this area.

Nurse Migration to Australia

Nurses have chosen Australia as a destination country for many years (Brunero, Smith, & Bates, 2008). Until the 1970s, when race as a factor under the “White Australia” policy was finally removed, nurses (as well as other applicants from certain European countries) were more welcome to migrate to Australia than those from other countries. This policy, established with Federation in 1901, was gradually dismantled after 1949, but it took until the Whitlam government for the effects of more open migration to be felt. One of these effects was the decision for future applications to settle in Australia to be based on ability, skills and experience in a given occupation; race was no longer a factor. Thus, the number of those from non-European countries allowed to migrate to Australia increased. By 1973, it was illegal to refuse an application for migration to Australia based on race or colour (Department of Immigration and Citizenship, 2009a; McGuire & Canales, 2010).

As well as the removal of race as a restriction when applying to migrate to Australia, migrants were also able to gain Australian citizenship after three years of permanent residence (Department of Immigration and Citizenship, 2009a). Today’s Australian government welcomes cultural diversity stating that it “accepts and respects the right of all Australians to express and share their individual cultural heritage within an overriding commitment to Australia and the basic structures and values of Australian democracy” (Department of Immigration and Citizenship, 2009a, p. 1). Australia now uses a point system to assess criteria for immigration. In addition, the Australian government operates an extensive temporary skilled visa program where employer’s can sponsor migrants to work in Australia for up to four years; the uptake of such visas is significant.

Migrants have been generally seen as a solution to the shortage of skilled workers in Australia. Significant numbers of migrants are arriving at a rate previously only seen during the “times of assisted passage in the 1960s” (Eccleston, 2006, p. 52). Net overseas migration figures give details of people leaving Australia and those arriving in Australia, with the net figure being the sum that arrive minus those that depart, giving a total increase due to migration. As an example, Australia’s total population increased by 30,000 in the year 1993 and 110,000 in 2005 due to net overseas

migration (Australian Bureau of Statistics, 2006a). These figures reached a high of 315,000 in 2008. The most recent census statistics figures show 27% of Australians were born overseas (Australian Bureau of Statistics, 2013a). Australia therefore offers a diverse, multicultural society with most Australians themselves migrants or the descendants of migrants who have arrived during the past 200 years from more than 200 different countries (Department of Foreign Affairs and Trade, 2013).

Migration patterns appear to have a cyclical nature in favour of employability in receiving countries as well as economics factors and the conditions in the destination country. However, it has only been since the turn of the century that the rate of migration of nurses to Australia has increased. Trend data for nurse migration show that from 1994 to 2000 more nurses actually left Australia than arrived. For example, in 1994 approximately 100 arrived and 900 departed (Australian Bureau of Statistics, 2006b). This trend slowly changed over the following years until by 2001 similar numbers arrived as departed. By 2004, a crossover had occurred with a significant increase in arrivals (1,800) over departures (900) (Australian Bureau of Statistics, 2006a). Overseas nurses accounted for 33% of the nursing workforce in 2011, an increase from 25% in 2001. During this same period, new nurse migrants arriving increased from 9% in 2001 to 19% in 2011, although those from the UK dropped from 36% in 2001 to 26% in 2011, with India providing a significant increase from 2% in 2001 to 8% in 2011 (Australian Bureau of Statistics, 2013b).

In terms of the nursing workforce and projected needs, a predicted shortfall of 40,000 nurses within the Australian healthcare system was expected by 2011, thus the demand for overseas trained migrant nurses continued to be strong (KPMG, 2009). The issue of workforce sustainability and the need for overseas-qualified nurses is, therefore, vital to explore. The current health workforce is undeniably international, and will be increasingly so, meaning that Australia should not restrict itself to employing only locally trained professionals. Health Workforce Australia (2012) identified that by the year 2025 the estimated shortage of nurses would reach 109 000. Health Workforce Australia also acknowledged the need to improve the competency of international nurses and to investigate the push and pull factors for migrant nurses moving to Australia.

Beadnell (2006) identified that the need to attract overseas nurses arose in part from the lack of sufficient numbers of nurses graduating from Australian universities. In 1996, more than 12,000 students commenced a nursing degree course; by 2004, this figure was under 9,000. Completion rates also presented problems, as in 2001 only 5,700 nurses graduated from a commencement number of 8,500. Concern regarding the insufficient numbers of Australian nurse graduates at this time was supported by Armstrong (2003) who asserted that the situation amounted to a crisis and that Australia needed to continue to actively recruit from overseas to sustain the nursing workforce. Whether this situation was indeed a crisis is debatable given the rate at which migrant nurses have flowed into the country and also the introduction of policy interventions to retain nurses within the Australian healthcare system.

More recently Twigg, Duffield, Thompson, and Rapley (2010) identified that due to the ongoing shortage of RNs in WA, new ways of working had to be considered. Studies linked RNs to better patient outcomes; therefore, the projected shortage of RNs in the Australian workforce is of concern. Slote (2011) identified that this pattern of dependence on overseas qualified nurses continues as a direct result of poor planning by developed countries. Since 2000, the number of overseas nurses migrating to Australia has increased significantly owing to the demand for nurses within the healthcare system and easier, quicker methods for obtaining visas for qualified nurses. It is likely, therefore, that the migration of RNs from the UK to Australia is important for future patient care in WA. A study of 160 midwives in WA (Pugh et al., 2013) identified that almost half intended moving jobs within five years and/or leaving midwifery, which will also be problematic for the retention of nurses and midwives in WA.

UK Migration to Australia

According to the Australian Bureau of Statistics (2013a), those born in the UK continued to be the largest group of those migrating to Australia in 2011, accounting for around 5% of the total population of Australia. The UK has historically been a significant source of migrants for Australia with the flow of migration from the UK beginning with the transport of convicts in 1788. Between 1788 and 1868, 160,000 UK

citizens, albeit reluctantly in those days, began settling in Australia. Free settlers (that is not convicts) started to migrate around 1,800, with the UK providing one of the highest sources of migrants and visitors (Metcalf, 2010).

At April 30, 2013, the resident population of Australia was 23 million, with 27% (6 million) being born overseas (Australian Bureau of Statistics, 2013a). Between 2011 and 2012, net overseas migration (228,000 persons) exceeded the natural population increase (145,600 persons), thus migration remained important to ensure Australia's population growth into the future with those from the UK continuing to arrive in significant numbers (Australian Bureau of Statistics, 2013a).

From 1994 to 2013 New South Wales (NSW) and WA were the states that attracted the highest number of UK migrants, with 25% choosing to settle in NSW and 21% choosing to settle in WA. WA proved more popular for skilled migrants in 2011–2012 attracting 31%, ahead of second-placed NSW with 26% (Australian Bureau of Statistics, 2006b, 2006c, 2007; Department of Immigration and Citizenship, 2012b).

Why UK migrants choose Western Australia.

The population of WA in 2012 was approximately 2.3 million, of whom 73.5% live in the capital city of Perth (Australian Bureau of Statistics, 2012b). During 2006–2011, China and India provided most of the new migrants in NSW and Victoria, whereas the majority of migrants to WA came from the UK and South Africa. Migrants from the UK accounted for 25% of all arrivals to WA during this period (Australian Bureau of Statistics, 2013a). In 2011, 11.6% of those living in WA had been born in the UK (Australian Bureau of Statistics, 2012a). Migrants from the UK are attracted to WA by tales of a better quality of life, sunny weather, beautiful beaches and the promise of an outdoor lifestyle and better standard of living (Petchell, 2006). Western Australia was the most popular state, attracting the highest number of UK migrants between 2006 and 2011 and the highest number of UK nurse migrants with 31,426 migrants, of whom 1130 were nurses. Queensland was the next popular state during this period with 25,399 migrants, of whom 938 were nurses (Australian Bureau of Statistics, 2013b).

Nurses migrating to WA.

The Nursing and Midwifery Board of Western Australia (NBWA) identified that in 2001, 122 nurses from the UK requested registration in WA compared with a peak of 702 in 2003, but this number subsequently decreased to 300–400 UK nurses per year. These figures indicate that significant numbers of UK nurses had migrated to WA and registered to work as a nurse. The figures show a peak around 2002–2003 during a period of favourable currency exchange rates for the British pound. Migrants from the UK represented approximately 50% of all migrants registering with the NBWA during this period. In light of this trend and particularly given that the UK is the major supplier of overseas nurses for the Australian workforce, employers need to identify new ways of attracting and retaining UK nurses in the WA workforce. Takase et al. (2005) and more recently Johnson, Cowin, Wilson and Young (2012) felt that many issues affected nurses satisfaction at work, from working conditions to professional identity. These factors need to be researched further to ensure that this influx of UK migrants remain as nurses within the Australian healthcare system.

Most migrating nurses have little or no knowledge of the Australian healthcare system, but they move anyway in anticipation of an equal or better position than they held in the UK (Omeri & Atkins, 2002; Sidebotham, 2010). There is little evidence in the literature to tell whether this group are content with their professional or personal move to WA or what hurdles they had to overcome.

Nursing in Australia

Recruitment of internationally qualified nurses is usually influenced by a lack of suitably qualified local nurses. Australia has been seen as having a nursing shortage in recent years and therefore actively recruits from overseas (Dansie, 2012b; Magnusdottir, 2005). Generally, the Australian health workforce has placed a heavy reliance on skilled migrants, with the need to continually recruit from overseas (Ramsay, Barker, & Shallcross, 2006).

Many industrialised nations experience similar issues with regards to nurse recruitment and retention, and employ strategies to lure nurses from other countries to work in their health systems (Gostin, 2008; Humphries, Brugha, & McGee, 2008).

Most Australian states and territories actively recruit from the UK, which requires RNs from the UK to obtain a visa to enable employment as a nurse in Australia (Department of Immigration and Citizenship, 2013b). Popular visa options previously included a Skilled Independent Visa subclass 136 (now subclass 189) and the four-year Business Visa subclass 457, both of which allow RNs to relocate to Australia with their spouse and children. Stewart (2011) found that the array of visas can prove confusing for new migrants, often requiring the services of migration agents to ensure systems are understood. Migration agents are seen as very useful to assist with the migration journey but McDonald (2010) found that some migrants felt that their services were often expensive and not always required.

From July 2012, many changes were made to the migration application process (Department of Immigration and Citizenship, 2013a), with nurses affected by these modifications. From that time, new applicants for permanent residency in Australia were required to apply for a Skilled Independent Visa subclass 189 or a Regional Sponsorship Visa subclass 187. The Business Visa subclass 457 was still available with the benefit of offering a quicker processing time. Potential migrants now have to complete the *skills select* process, which allows the Department of Immigration and Citizenship to choose who is best suited for migration based on employability (Department of Immigration and Citizenship, 2013a). Potential migrants are required to submit an expression of interest and receive an invitation to lodge a visa application rather than the previous system which enabled migrants to apply by lodging an application (Dansie, 2012a). The number of nurses applying for Business Visa subclass 457 increased from 480 in 2011 to 770 in 2012, the year after the changes to the migration application process took effect. Numbers applying for Skilled Independent Visa subclass 189 remained similar with 210 nurses in 2011 and 230 nurses in 2012 (Department of Immigration and Citizenship, 2012b), demonstrating that the majority of nurse migrants were choosing the Business Visa option. Dansie (2012c) found that UK nurses migrating to Australia were not always sure about visa restrictions and were often disappointed when given further information once settled, sometimes needing to change from a temporary to a permanent visa to ensure continual residency in Australia.

Nursing assessment of migrants for registration.

There are some very specific challenges in the assessment of internationally qualified migrant nurses in preparation for registration in the destination country. These challenges include differences in nurse education and clinical preparation, the use of the title “nurse”, variations in the roles and scope of practice for nursing and differing professional standards across different countries (Australian Nursing & Midwifery Council, 2009; Buchan, 2001). Further challenges relate to concerns about English language ability and competency assessment in the new country.

The movement of nurses across global registration boundaries (Australian Nursing Federation, 2007; Firtko et al., 2005; Freeman et al., 2012; National Review of Nursing Education, 2002; Royal College of Nursing (UK), 2006) has required that healthcare policy makers and employers take stock of the nursing qualifications of nurses from countries not considered as having suitable educational preparation (Wickett & McCutcheon, 2002). Australia continues to recognise nurse registration from very few countries, but includes the UK as being of equal standard to that provided by nurse education providers in Australia (Australian Nursing & Midwifery Council, 2009).

While the issues around assessing competence have been explored within the literature, a subjective assessment of the suitability and capacity of migrant nurses to practice within a different environment is also necessary. The Australian Nursing & Midwifery Council (2009) discussed the importance of total assessment which takes into consideration similarities between nurse education in Australia and that of the country of the potential nurse migrant. Postgraduate nursing experience and English language ability are also scrutinised. The imperative for consistent standards for assessment and evaluation of international nurses remains important due to the globalisation of the profession and the steady demand for overseas trained nurses (Buchan & Calman, 2005).

New arrangements for the provision of evidence for English language ability were introduced in 2010 for new migrants to Australia. Applicants for many general skilled migrant (GSM) visa subclasses had until the time the visa application was decided to provide evidence of their English language ability (Department of Immigration and

Citizenship, 2010a, 2010b). This included the need to prove English language proficiency for nurses migrating from the UK, further adding to the expense of the application process.

Professional Experiences of Nurse Migrants

Australia is the destination of choice for many international RNs following qualification as an RN, including the UK. Less-than-adequate conditions at work and constant changes in the workplace, including staff shortages, influence the decision to migrate (Adams & Kennedy, 2006).

Many countries do not have English as a first language or a similar nursing curriculum as Australia. Those countries with English as a first language and with similar nurse education standards, such as the UK, are often targeted by Australian employers (Buchan, 2001; Gostin, 2008). Hawthorne (2001) found that nurses from English-speaking countries found it easier to adapt to the Australian healthcare system whereas nurses from non-English-speaking backgrounds frequently have to overcome major hurdles (Bland & Woolbridge, 2011; Jeans, 2006). Smith, Fisher, and Mercer (2011) in a study of international nurses whose first language was not English stated that these nurses found it hard to adapt to nursing practice in Australia and identified issues relating to differences in clinical skills as problematic.

Hardill and MacDonald (2000) found that some RNs experience professional regression in their working life when migrating to another country. Nurse migrants may fail to attain their previous level of employment within the nursing hierarchy following migration for a variety of reasons. These nurses may take the opportunity to try something new or possibly do not wish to pursue career progression in their new country. Benner (2001) recognised that nurses moving from one nursing position to another experience some change in practice expertise and can feel less skilled for a period of time. More recently, Brunero et al. (2008) also found that nurses who were not employed in their areas of expertise felt deskilled. This could impact on retention of nurse migrants due to the possibility of professional expectations not being met in their new country (Sidebotham & Ahern, 2011b).

Nurses from the UK who migrate to Australia may be viewed as “foreigners”; however, as they speak the same language, the transition from one country to another may not be seen as significant. Magnusdottir (2005) identified that both language and culture were major contributing factors for nurses when settling in a new occupation in a new country. In a recent critical qualitative study by Mapedzahama et al. (2012), 14 skilled black African migrant nurses also identified that language differences were significant and affected their social acceptance in the Australian workplace, which in turn affected their total migration experience. It may therefore be expected that nurses from the UK would have fewer, if any, language issues on migrating to Australia.

Discrimination.

Discrimination may be an issue for nurses in a foreign country; Adams and Moses (2004) found that migrant nurses within the UK often experienced racial discrimination and poor opportunities for professional advancement. Hence, this study explored the phenomena of migration and investigated whether either of these issues was significant for UK nurse migrants who migrated to WA between 2003 and 2008.

Research also highlights that migrants often experience discrimination in the destination countries, and that there are significant differences between what was expected and what was experienced, especially for women, when seeking work (Mapedzahama et al., 2012; Van Eyck, 2005). New migrants need to find suitable employment for both social and financial reasons to assist with integration into their new homeland. This ability to find suitable employment in the new country can represent success or otherwise in settlement (Husted, Heinesen, & Andersen, 2009; Sommerfeld, 2011; Valtonen, 2001). However, employment comes in many guises and does not always reflect a reality that was perhaps imagined by the migrant. For instance, migrants have been seen to be paid lower wages than local citizens (Kirkup, 2010; Thomas & Rappak, 1998). Junankar et al. (2004) concluded that migrants needed to secure a job that reflected their previous occupational status; and that securing this job early in resettlement increased job satisfaction and reduced the need to change jobs, which may cause an inability to settle. In a study examining the employment satisfaction of migrants to Australia, Ong and Shah (2012) found that they

were likely to find work, but less likely to secure jobs that initially gave them professional satisfaction.

Mapedzahama et al. (2012) in a study of “black” African migrant nurses in Australia found that these nurses were exposed to bullying and negative behaviours in their workplace. Hough, Gomes Carneiro, Giver, and Rugulies (2011) also found in a follow-up study of 5635 healthcare students that non-western workers had a higher likelihood of exposure to bullying than local workers and experienced inappropriate behaviours from managers and co-workers. A number of authors have identified bullying behaviours where migrants are deliberately targeted and even forced to leave the employer. Husted et al. (2009) identified that many new migrants do not integrate quickly or seamlessly into a new work environment and if certain actions are taken to welcome the new employee then job satisfaction and ultimate retention will increase.

Fox and Stallworth (2004) also reported on the psychological effect on victims of bullying in the workplace, finding resultant stress, anxiety, absences from work and even resignation. They compared those not “picked on” in regards to racial bullying and found that “targets indicated lower confidence in internal organisational conflict management systems, particularly in relation to dealing with bullying from supervisors” (p. 440). Sidebotham and Ahern (2011a) found that the UK migrant midwives in their study gave bullying as a reason for leaving the UK but unexpectedly experienced discrimination in the workplace on migrating to Australia.

Some members of a workforce identified race and even accent as an important stressor, with harmful consequences often leading to reduced job satisfaction, which was found to negatively affect individual wellbeing (Ong & Shah, 2012; Ramsay et al., 2006). Furthermore, Wagner and Childs (2006) analysed the experiences of skilled migrants, finding that migrants may feel isolated because of the local accent and culturally specific Australian way of communicating. At times, specific comments led to feelings of segregation; for example “immigrants are fortunate to be living in ‘the lucky country’ and should, therefore, be grateful regardless of the reality of their circumstances” (Wagner & Childs, 2006, p. 53). Many migrants identified difficulty in finding suitable employment or a supportive work environment in their new country

(Fox & Stallworth, 2004; Ong & Shah, 2012; Ramsay et al., 2006), despite a racially diverse team having been found to create a more productive workforce (Cope & Kalantzis, 1997; Husted et al., 2009).

To support a multicultural workforce, host countries such as Australia may find intervention is necessary to foster acculturation and professional development. Therefore, for some migrants, assistance is necessary in the development of cultural awareness (Castañeda, 2012; Segal & Mayadas, 2005), which essentially supplements the work-specific skills that the migrant has already been deemed to possess. In this light, it is important to examine the experiences of skilled migrants, particularly in terms of the future-determining environmental and interpersonal interactions that contribute to their successful professional adjustment (Chang et al., 2011; Ong & Shah, 2012; Ramsay et al., 2006).

Migration can represent an opportunity that enables a nurse to achieve personal career goals and contribute either on a micro or macro level to the nursing profession (Bland & Woolbridge, 2011; Ong & Shah, 2012). Adams and Kennedy (2006) also highlighted that career transition may provide professional development, greater job satisfaction and a better quality of life. Having a positive experience of migration has been found to improve job satisfaction and increase commitment in the workplace. Positive migration experiences have also been found to improve confidence and increase professional wellbeing, all which contribute to influencing workforce retention, decreasing attrition and promoting excellence in nursing practice (Adams & Kennedy, 2006).

Nurses account for a large proportion of women in skilled migration; the number of international nurses—like the Australian nursing gender mix—is predominately female (Hawthorne, 2001; Ong & Shah, 2012). As identified racism and discrimination are recognised as components of the migrant nurse's experience (Adams & Kennedy, 2006; Mapedzahama et al., 2012), women have also been identified as finding it harder to adapt following migration due to a lack of familiar resources (Ogunsiji, Wilkes, Jackson, & Peters, 2012).

Psychosocial Adaptation and the Impact of Migration

This study also acknowledges the seminal work on migration of Searle and Ward (1990), who identified the need for psychological and sociocultural adaptation to ensure a successful migration. Psychological adaptation includes the mental and physical adjustments necessary when migrating to another country and sociocultural adaptation addresses factors required to ensure organisation of daily life in a new context, which includes areas such as language ability, cultural knowledge and social relationships.

The experience of migration has been explored from many perspectives across various cultures. Humphries et al. (2012) explored the experience of migrating to Ireland; Ronquillo et al. (2011) researched the Canadian experience; and Sidebotham (2010) investigated those choosing Australia as their destination. One common theme of these studies was the psychological effect of migration, demonstrating the importance of understanding the psychosocial ability to settle. Related emotional wellbeing, the need to develop friendships, and feelings of *fitting-in* following the migration experience were also identified as key findings by Segal and Mayadas (2005) and also by Zembylas (2012).

Kingma (2006) identified a concern over the lack of structures in place to support nurses during the migration process and the need for a support network on arrival. Brunero et al. (2008) asserted that the issues of migration may be common to all migrants; namely, the psychological processes of adjustment to a new country and a new life, and the supporting role of the host country in that settlement process. A study by Buchan, Parkin, and Sochalski (2003) addressed a gap in the literature by examining in-depth the social, psychological, physical, emotional and financial impact on the registered nurse and their family during the migration process and identified that further research into the effects of migration on the extended family of the primary migrant was necessary. This issue of the impact of migration was also highlighted by Adams and Kennedy (2006) who identified that nurses who migrate experienced many challenges in adapting to a new environment and often felt that they did not belong. Adams and Kennedy also highlighted that nurse migrants are often exposed to discrimination and bullying from colleagues as well as the wider

community. These issues of settling in a foreign land were more recently addressed by Sidebotham and Ahern (2011a), but that study addressed the professional aspects more than the psychological and personal experience of migration.

Belonging.

Migrants need to experience a sense of belonging in order to feel settled and part of a new community. Lloyd (2012) described belonging as being able to find the familiar in a new environment as well as the need for emotional wellbeing. By exploring the experience of migrant nurses from the UK, it is possible to identify commonalities and coping strategies employed by these nurses who were searching for a sense of belonging when faced with a new country and a new culture while dealing with the loss of familiar routines.

This state of experiencing the unfamiliar is often termed culture shock. Culture shock may be experienced when individuals move from a known environment to a strange, unpredictable one (O'Brien & Ackroyd, 2012; Ticho, 1971). Multiple loss in relation to culture shock is addressed in the seminal work of Garza-Guerrero (1974). Garza-Guerrero identified that culture shock can involve major losses for the individuals involved, from loss of family, friends, language, music and familiar food to loss of cultural values and customs. Such issues may also affect UK nurse migrants in WA.

In a Canadian study by Sommerfeld (2011), it was identified that in order for new migrants to feel a sense of belonging to the new country, participation in local customs and activities, rather than reliance of relationships with other migrants from their own country, was required. This study compared new migrants to Canada and Australia and also found that migrating with children increased the likelihood of developing a sense of belonging to the new homeland. However, Walton, Cohen, Cwir, and Spencer (2012) found that even the smallest of social connections between people increased motivation to connect to each other. This would also be comparable for migrants when developing new friendship in a new country and being drawn to someone with a similar experience of being a new migrant and having common concerns.

Ralph and Staeheli (2011) established in a UK study that those who migrate to other countries never really feel total belonging in the new country as they continue being a member of the group that was left behind. They acknowledge that the migration experience changes the person and that the notion of “home” changes as people move to other countries, but that it is possible to feel belonging to both the old home and the new home.

Flum and Cinamon (2011) in a study examining the relationship between career and belonging for new migrants found that identity was closely linked to a sense of belonging for those who found success in employment on migration. This new identity construction was found to take time but was enhanced through the achievement of meaningful employment. Dusi, Steinbach, and Messetti (2012) agreed that migration affects identity within societies and found that it has an effect on future generations through the teachings of the traditions of the country of origin mixed with embracing the customs of the new country, ultimately changing the overall culture.

Emotional wellbeing.

The migration experience is likely to elicit a range of emotions related to the migration journey, relationships with others, and the need to re-establish oneself in a new country (Segal & Mayadas, 2005). Although there may be many positive experiences during the transition to a new country, migrants may experience “acculturative stress” during their migration journey and subsequent adjustment to the new country (Bernstein et al., 2011; Hovey & Magana, 2000). These stressors can potentially result in feelings of loss, frustration and anxiety, and lead to a reduction in personal coping resources, control over their environment, and a loss of identity (Melzer, 2011). Common stressors include the impact of removal from family and friends, lack of a true emotional connection with the new homeland (belonging), as well as unemployment, unsatisfactory employment, and/or low income (Hovey & Magana, 2000; Ong & Shah, 2012). Migrants appear to be at risk of a variety of social stressors that may affect their ability to settle in and find suitable employment (Hovey & Magana), thus becoming an important concern for those who are responsible for supporting new migrant workers (Furnham & Bochner, 1986; Melzer, 2011; Swain, 2006).

Julca (2011) in a study of 15 families moving from Peru to the US clearly defined fractured relationships with those left behind as having a huge impact in the resettlement of the migrant. In a US study by Bernstein et al. (2011), it was identified in a sample of 304 Korean migrants that depression was more common in those with low-income occupations and those who migrated alone. They also identified that perceived discrimination and lack of English language skills led to higher rates of depression. Ogunsiji et al. (2012) in a study of 21 West African women who had migrated to Sydney, Australia, highlighted feelings of loneliness and isolation of this group in the new country. Having to begin again from scratch was also a theme that featured in this study claiming that the “emotional and social wellbeing” of this group of nurses needed to be considered to ensure the migration journey is successful (p. 279).

Donnelly et al. (2011) investigated the impact of migration and psychological wellbeing and found that stress was more common among new female migrants. Zembylas (2012) found that migration often brought with it emotional issues leading to a range of emotions, including happiness, sadness, frustration and even anger at times when settling in a new country. He also acknowledged the challenges that new migrants face when dealing with issues of belonging and loss, and calls on policy makers to address the issues of assisting with integration of new migrants through supportive networks and an understanding of the enormity of the migration journey by colleagues and others.

Developing new friendships and social networks.

Successful adaptation to a new country relies on many factors, including the ability to adapt and embrace a new culture, to cope with the loss of friends and family left behind, and to develop a new social network. Jose (2010) in a study of 20 international nurses migrating to the US identified the journey as difficult, with tasks such as finding schools and even shopping for groceries challenging in the early days. Heikkinen and Lumme-Sandt (2013) found that new relationships were vital in the resettlement of migrants. Assistance required by new migrants included emotional support and access to a social networks. Those who migrated with family were found to adapt to the new environment more easily than those who had no social

connections in the new homeland (Lamont, 2012). When discussing moving forward and finding new social connections, Westcott (2012) identified that migration can cause disturbances with relationships when coping with friends left behind and the need to find new friends rather than to *replace* old friends.

A study by Gill and Bialski (2011) investigated the ability of recent migrants to form social networks in a new country. The study included 42 Polish migrants living in the UK and found that friendships were more likely formed with other migrants from the same country as well as in the workplace. This attraction for those migrating to *stick* with others with similar cultural experience may be significant for this study.

As the literature suggests, the ability to cope with change and adapt to a new country has been recognised as significant for nurse recruitment and retention. The need to develop resilience during the migration process has been acknowledged by Ralph and Staeheli (2011) who recommend that those researching migration today need to explore the strategies that migrants adopt to develop resilience on both a psychological and social basis. The need for nurses to develop resilience in the workplace has been addressed by Glass (2009), who found that resilience was imperative for a successful career. New migrants adapting to the Australian workforce and coping with the migration journey may therefore need to adapt to a new country and a new workplace through the development of resilience.

Summary

This chapter has provided a review of the literature around migration, specifically the global migration of nurses and the issues affecting the integration of nurses into a new country. The Australian migration policy, visa considerations and assessment of nurses were also addressed. The attraction of WA to those from the UK, continuing a UK-to-WA migration tradition, was also highlighted. The professional experience of migrant nurses, especially those moving to Australia was identified through the literature.

The gaps in the literature influenced the research aims and identified the need to examine the professional and psychosocial experience of nurses from the UK migrating to WA. An understanding of the journey on a professional and personal level is

needed to truly explore the phenomenon of migration for a group of UK registered nurses making the move to WA. In order to understand this professional and personal experience, heuristic inquiry will prove to be the best methodology for examine the phenomenon. In Chapter 3 the methodology underpinning this study will be outlined to locate it from a philosophical and theoretical base.

Chapter 3

Methodology

Introduction

In Chapter 2 the literature pertaining to migration was analysed and revealed that the experience encompasses many elements that may impact upon the process. There are many reasons to leave one's homeland and these may include psychological, social and financial factors. While the process of migration is unique for each migrant, there are also many common elements.

In this chapter, heuristic inquiry as developed by Moustakas (1990) is discussed as the most appropriate approach for developing a deeper understanding of the experiences of migration for RNs from the UK who chose to live in WA. Langridge and Ahern (2003) identified that it is important to choose the methodology that best answers the research question. Heuristic inquiry enables and motivates the researcher to be present in the research by having firsthand knowledge of the topic under investigation in order to capture the essence of the experience. Heuristic inquiry requires the researcher to be intricately involved in the creation of a representation depicting the essence of the experience of migration. It creates a space for uncovering the "self" and validating "self-knowledge" by providing a canvas for understanding how one *knows*, but is not always aware of how they *know*. That is, heuristic inquiry enabled me to ask, "Why would I come 14,500 km away from all that I have known and loved?" This personal retrospection prompted me to research the topic of migration while allowing me to be part of the *answer finding*. Patton (2002) argues that for this approach to be successful, the researcher must have a true and intense interest in the phenomenon under examination.

The discussion to follow outlines heuristic inquiry and places it within the framework of the qualitative tradition, and in particular the interpretive process. Phenomenology is also discussed as a building block to heuristic inquiry (Moustakas, 1990).

The Interpretive Process

By using the interpretive process, the researcher seeks to uncover the individual's experiences of his or her life, thereby facilitating an understanding of their own life experience. Understanding the experience of other individuals and their perceptions relies on the meaningfulness of all forms of expression in which experience is couched. A subjective lens can bestow meaning on an action and this action is interpreted by another in a particular way, depending on the individual and the circumstances (Geanellos, 2000). Therefore, each set of subjective lens may result in different interpretations and understandings of action. This is because each individual has their own internal frame of reference which creates meaning for the individual (Denzin, 2001). Denzin contends that understanding of another's experience is a human activity through which one is able to characterise their being in relation to self and others. Hence, the experience of migration for RNs from the UK is not a timeless or universal phenomenon; it is anchored in specific times and places, which brings meaning to it (Morris, 1998). Moreover, migration experience is not one simple, single entity; its meaning is changeable in context and over time and therefore must be interpreted and understood by the researcher within the historical timeframe—theological, social, economic, scientific, and psychological—that shapes it. This interpretation and subsequent action permeates the fabric of the story of the RN migrating to WA and the telling of the story, which is the narrative of their life.

The subjective nature of interpretation and judgement may result in misinterpretation of behaviour and erroneous understandings. More confusingly, behaviour does not always conform to accepted interpretation when another's experience is not your own, or your own is not another's experience (Schneider, Whitehead, & Elliott, 2007). Therefore, processes set in place to facilitate the understanding of one's own experience may not be appropriate when attempting to appreciate the experiences of others.

In this study, the researcher defines the experiences of migration and actively responds based on these interpretations within the tacit world of self. Blumer (1969) argues that an individual's behaviour is not simply the result of such things as environmental pressures, stimuli, motives, attitudes and ideas, but also that individual's interpretation

and resulting action. The interpretive process provides a framework to understand and interpret the experience of migration, and in this study gives voice to RNs migrating to WA from the UK.

In the phenomenological approach, the researcher employs a natural approach to understanding human experiences in a particular setting (Patton, 2002; Streubert & Carpenter, 2011). Phenomenological study describes the meaning of a lived experience or phenomenon for several individuals, describing what all participants have in common as they experience a phenomenon (Creswell, 2007). The basic intent of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence (Van Manen, 1990). While phenomenology addresses the essence and the meaning of the experience, allowing the reader to understand and appreciate the journey of research subjects, it often does not allow the researcher's self to permeate and inform the experience. However, phenomenology still warrants discussion.

Phenomenology.

Phenomenology is a twentieth century philosophical movement with a primary objective of direct observation and description of a phenomena as consciously experienced, without theories about their causal explanation and free of pre-examined suppositions. Phenomenology is dedicated to describing the structures of experience as they present themselves to consciousness without recourse to theory, deduction or assumptions from other disciplines such as the natural sciences (Conlan, 2004; Spiegelberg, 1975). This philosophical movement consisted of three phases: the preparatory, the German and the French. For the purpose of this discussion, the German phase is considered: in particular, Husserl's *transcendental* phenomenology and Heidegger's *hermeneutic* phenomenology. Both types of phenomenology were developed as alternatives to the empirical view of the world at a point in history and have influenced the development of heuristic inquiry.

The German phase was led by Husserl. Husserlian phenomenology, also known as descriptive phenomenology, requires the researcher to find the meaning of the lived experience, with the result being a descriptive account of that experience (Husserl,

1965). Husserl claimed that knowledge stems from conscious awareness and thoughts are purposefully directive. He termed this *intentionality*. Moreover, Husserl recognised that the researcher needed to listen to, as well as observe, the participant (Dreyfus, 1991).

A central tenet of Husserlian phenomenology is that the world be examined pre-reflectively. That is, the researcher sheds all prior personal knowledge of an experience in order to grasp the essential lived experiences of those being studied. This means that “the researcher must actively strip his or her consciousness of all prior expert knowledge as well as personal biases” (Lopez & Willis, 2004, p. 727). Hence, all preconceived ideas needed to be put aside. Husserl expanded this idea with the use of the term transcendental subjectivity.

Transcendental subjectivity is the intent of the researcher. Transcendental subjectivity has been described by Lopez and Willis (2004) as a form of investigation where the affect of the researcher on the study is continuously reviewed and any prejudices addressed, so as to not influence the study. The Greek term “*epoche*” or bracketing was used to ensure this when examining the lived experience of a phenomenon (Husserl, 1965; McConnell-Henry, Chapman, & Francis, 2009a) and is one of the techniques of the descriptive phenomenological approach to inquiry. Bracketing involves the researcher being aware of any preconceived ideas, or personal understanding, when listening to, and considering, the lived experiences of participants (Drew, 1989).

It is here that Heidegger, a student of Husserl, offered an alternative view of phenomenology—that of hermeneutical phenomenology. Heidegger was interested in moving from description to interpretation (Heidegger, 1962; Mulhall, 1993). Heidegger modified, challenged and built on the work of Husserl as a method of inquiry. He held that the aim of phenomenology should be to discover or uncover meaning (Heidegger, 1962).

A fundamental theory of Heidegger’s work (1962) was the relationship of the individual to the *lifeworld* as the focus of phenomenological inquiry. Heidegger used

the term *lifeworld* to express the idea that individuals' realities are invariably influenced by the world in which they live (Lopez & Willis, 2004, p. 728). Heidegger also coined the phrase *being-in-the-world* (Mulhall, 2013, p. 39), to emphasise that humans cannot hide themselves from the world. Therefore, hermeneutic inquiry focuses on the individual's experience as each day is lived. Hermeneutic inquiry may be considered interpretive (Hemsley, 2003) because this mode of inquiry seeks to understand any particular individual in a group of participants and how that individual may contribute to the commonalities in and differences between their subjective experiences (Lopez & Willis, 2004).

It is interesting to consider how hermeneutics and descriptive phenomenology affect the way in which the research question is asked. Lopez and Willis (2004) characterised the use of a question when used in research so if the same analytical framework was applied to the migration of UK RN's to WA, it may be similarly exemplified in the following way. A *descriptive* phenomenologist studying what it is like to be a UK nurse migrating to WA would ask the general question, "Tell me what it is like to be a UK nurse migrating to WA" and follow up with questions to arrive at common concepts integral to the experience. The *interpretive* phenomenologist, on the other hand, would obtain the participant's description of a typical day in detail as a UK nurse migrating to WA, and would encourage the participant to describe interactions, workload, relations to others, experiences of culture and family, and experiences of time to place the lived experience in the context of daily work practices and socialisation (Lopez & Willis, 2004, p. 729).

Another assumption embraced by Heidegger is that "presuppositions or expert knowledge on the part of the researcher are valuable guides to inquiry and, in fact, make the inquiry a meaningful undertaking" (Lopez & Willis, 2004, p. 729). Importantly, Lopez and Willis (2004), when considering the work of Heidegger (1962), maintains that it is not possible to free the mind of previous understandings that first guided the researcher to choose the topic in the first instance. Therefore, the researcher's personal knowledge is both useful and necessary to phenomenological research (Geanellos, 2000). It is noteworthy that heuristic inquiry uses this benchmark as a vital aspect of bringing meaningfulness to the phenomenon under study

(Moustakas, 1990). Hiles (2001, p. 3) explicitly “acknowledges the involvement of the researcher, to the extent that the lived experience of the researcher becomes the main focus of the research”. McConnell-Henry et al. (2009a, p. 9) agree that

Heidegger disputed the idea of “epoche” by suggesting that the researcher is as much of the research as the participant and the researcher’s ability to interpret the data was reliant on previous knowledge and understanding.

While the hermeneutical work of Heidegger enables an understanding and interpretation of phenomenon within a historical and cultural context, it does not allow the researcher’s self to permeate and inform the experience. Moustakas’ heuristic inquiry (1990) relied on this presupposition, acknowledging the preconceptions and reflections of the researcher as part of the research process. Crotty (1996) also supports the innovation of heuristic inquiry and described this methodology as *new phenomenology*, preserving the participant as a whole person within an experience rather than dissecting the person’s experience during data analysis.

Heuristic inquiry has its roots in phenomenological inquiry (Douglass & Moustakas, 1985; Moustakas, 1990; Patton, 2002). However, Douglas and Moustakas (1985, p. 43) identify four distinct differences between heuristic inquiry and phenomenology:

- Heuristic inquiry encourages connectedness whereas phenomenology promotes detachment from the phenomenon under investigation.
- Heuristic inquiry guides the researcher to uncover personal meaning whereas phenomenology identifies with the descriptions of the experience.
- Heuristic inquiry encourages the researcher to develop a creative synthesis and is personal to the researcher, while phenomenology often finishes with the structures of the experience.

- Heuristic inquiry identifies participants as whole people within the data and subsequent analysis, whereas in phenomenology the person is lost in the descriptive analytical process. “Heuristic therefore retains the essence of the person in the experience whereas phenomenology concludes with the essence of the experience” (Douglass & Moustakas, 1985, p. 43).

The word “heuristic” comes from the Greek word *heuriskein*, meaning discovery or finding. The term is increasingly used to explore the concepts of growing self-awareness and developing self-knowledge through self-discovery (Moustakas, 1990). This approach encourages self-dialogue to reconcile personal and internal conflicts related to a phenomenon. This essential element lends itself to understanding the phenomenon under investigation in this study because it allows the understanding of the full impact of the migration experience for nurses moving from the UK to WA. Heuristic inquiry demands that the researcher explore and analyse his or her personal experiences to better understand the experience of others. Heuristic inquiry allows the researcher to be spontaneous in creating methods designed to result in the disclosure of the participants’ true experience (Douglass & Moustakas, 1985). Not only does heuristic inquiry allow the researcher to search freely but it requires the researcher to “follow the path that holds most promise for disclosing the truth” (p. 49).

Heuristic inquiry.

The process of heuristic inquiry used in this study was developed by Moustakas (1961, 1990). Moustakas acknowledged the work of Polanyi (1969), and in particular, his work on *knowing* which purports that knowledge exists within the process of knowing. Polanyi (1983) wrote in *The Tacit Dimension* that “we can know more than we can tell”. He termed this pre-logical phase of knowing as “tacit knowledge” and identified that “tacit knowledge comprises a range of conceptual and sensory information and images that can be brought to bear in an attempt to make sense of something” (p. 4). Many pieces of tacit knowledge can be brought together to help form a way of thinking. From Polanyi’s conception of the tacit dimension we can begin to make sense of the place of intuition. For Moustakas (1990), the researcher may feel that they know something but may not be aware of how they have come to know. Often this knowledge cannot be expressed at the conscious level as it is acquired through a tacit

process. Moreover, Moustakas contends that this “gut feeling” or these intuitive clues may necessitate a change in method, procedure or understanding during the research process in order to provide a deeper understanding of the phenomenon being investigated. Intuition also enables the researcher to accurately understand the experiences of others. For intuition to be effective, skills and practice are required so that the researcher can make experiential linkages to make sense of the phenomenon under study (Polanyi, 1969). However, the researcher needs to explain this knowledge in order to give *voice* to what is known to the researcher and ensure that those who shared in the development of the phenomenon understand the experience (Lincoln & Guba, 1985).

Moustakas (1990) also describes heuristic inquiry as a learning experience for the researcher. Engagement with the phenomenon facilitates self-discovery by revealing *true* connections with the participants because preconceptions are not set aside. Casterline (2010) agrees that heuristic inquiry allows the researcher to fully understand the phenomenon by being internal to the experience. This reciprocal connection leads to the creation of new knowledge about the migration experiences of RNs coming to WA by unravelling the unsaid, the unspoken and the mystery of each person’s internal frame of reference. In the words of Moustakas (1961, p. 25):

It is this mystery, this unknown ecstasy of life, this
awesome harmony which in present day changing
society is not wholeheartedly embraced and valued, but
too often ignored, neglected or merely analysed and
understood.

The following section discusses the heuristic approach taken in this study which acknowledges Moustakas’ core concepts that underpin heuristic inquiry.

Concepts of heuristic research.

I begin the heuristic journey with something that has called
to me from within my life experience ... in such an odyssey; I
know little of the territory through which I must travel. But

one thing is certain, the mystery summons me and lures me
to let go of the known and swim in an unknown current.
(Moustakas, 1990, p. 13)

Heuristic inquiry begins with a research question of personal interest and relevance to the researcher. Through disciplined research, conducted with the goal of discovering the underlying meaning in experience, the aim is to build a rich and detailed picture of a phenomenon. Attention is paid to the manner in which individuals perceive the experience and to the phenomenon collectively; the experience being the focus of this research. That is, each individual's experience of migration is deemed significant and given account instead of the narrative of the experience of all participants being reduced to thematic consideration. Douglass and Moustakas (1985) believe that if the experience is central to the research the individual may be lost during the descriptive analytical process. In heuristic inquiry, by contrast, the individual retains central place holding on to the essence of the person *in the* experience (Douglass & Moustakas, 1985).

The following section explores the core concepts involved when undertaking heuristic inquiry (Moustakas, 1990) into the migration of UK registered nurses to WA. Heuristic inquiry provides a template for gathering, analysing and presenting data to ensure an accurate portrayal of the researcher's personal experiences and the participants' narratives of their experiences (Bridgen, 2007).

The core concepts identified by Moustakas (1990) include: identifying with the focus of inquiry, self-dialogue, tacit knowing, intuition, indwelling, focusing and internal frame of reference. Figure 3.1 below demonstrates the cyclical nature of the interplay between each of these concepts. Each will be discussed to shed light on the key attributes contained within.



*Figure 3.1. Concepts of heuristic inquiry. Adapted from *Heuristic research: Design, methodology and applications*, by C. Moustakas, 1990, Philadelphia, Sage Publications.*

Identifying with the focus of inquiry.

The first core concept of heuristic inquiry involves identifying with the focus of inquiry. The researcher must get close to the question and through diligent and committed inquiry develop a deep understanding of the key issues and concerns related to the focus of the inquiry. In this study, this allowed the personal unravelling of the experience of migration and locating this experience within a cultural context, searching for clues to find an understanding of what migration meant from a private and public standpoint. In retrospect, I as the researcher confronted my personal angst and the consequent need to understand why I had made the decision to move 14,500 km away from my home, family and friends.

I spent many hours in the first two years following migration to Australia, wondering why and how I really got here. What would life be like if we had not made the move? Why did I agree to move two very young children half way around the world, away from family and friends, and to somewhere I knew very little about? I lived the research question for many years before understanding that these questions needed exploring. I felt a deep need to clarify and understand the migration issues for myself.

Personal reflection encouraged a self-dialogue in an attempt to understand and position my experience within the backdrop of my life. Self-dialogue is the second core concept of heuristic inquiry.

Self-dialogue.

Self-dialogue refers to the researcher's attempts to understand the core themes or components of their own experience in order to better understand how the experience is interpreted by others (Moustakas, 1990). Moustakas regards this step as critical to heuristic inquiry. It involves examining not only the component parts of the experience but also the experience as a whole. The process is iterative, moving back and forth using inductive and deductive approaches to fully appreciate the phenomenon. Craig (1978, p. 57) describes this flow from the whole to part and back to the whole again as "from the individual to the general and back again ... from the feeling to the word and back to the feeling, from the experience to the concept and back to the experience". Understanding of the phenomenon deepens following such deliberate internal dialogue. I, as the researcher, was able to move backwards and forwards around the phenomenon in order to discover the hidden meanings and unique patterns in my migration narrative. This led me to understanding of the complex of emotions, questions and some answers associated with my migration experience.

Self-dialogue and the techniques used to document developing understandings vary between researchers. Techniques include writing stories and poems, and spontaneous reflective writing. They also may incorporate photography or reviewing other theses that use the same methodology. In terms of this study, self-dialogue was undertaken and documented in a number of ways. First, I kept a personal journal. The therapeutic effects of diarising or journaling have been demonstrated in the works of Ullrich and Lutgendorf (2002) who found that the process of writing encouraged greater cognitive processing. Second, in order to hear my story I also engaged in a taped interview with a colleague in which I recounted my personal experiences of migration. The activity of listening for a story is complex. As the researcher, listening to my own story made me reconsider my experience. From an interpretive perspective, I was aware that I may be viewing my experiences of the phenomena through pre-determined lenses that had

the potential to *taint* my gaze (Mills, 2012). A discussion of the trustworthiness of the data gathered through heuristic inquiry will follow later in this chapter.

This personal interview (detailed in Chapter 5: *My Journey*) was undertaken prior to commencing in-depth interviewing of participants, an important consideration in Moustakas's (1990) concept of heuristic inquiry. Recording my own narrative of migration helped me to maintain the integrity of my experience by making me aware of my biases. It also assisted me to not overshadow participants' stories with my own experience. Instead, I was able to listen authentically to the stories told. This is in keeping with hermeneutic phenomenology (McConnell-Henry, Chapman, & Francis, 2009b) in which being-in-the-world enables the researcher to legitimately share in the world of the participant thus allowing a truer reflection of the phenomenon. Heidegger (1962) purports that the researcher has a subjective connection to the phenomenon and therefore is able to objectively report participants' stories.

Self-dialogue also included self-talk to try to make sense of the migration journey. For example, I often found myself sitting at a set of traffic lights while driving trying to identify what really was different in WA and whether I was right to agree to migrate from familiar, safe surroundings to a strange and very different place. This constant *chattering to* myself failed to produce any real meaning or understanding; nor did it diminish my feelings of being unsettled. But it did identify what I wanted to know and what I wanted to ask the participants. The answers to these questions were what I needed to make sense of my experience of migration.

A third means of self-dialogue was the keeping of field notes. These notes were completed soon after conducting each of the 20 interviews, which allowed me to record my thoughts, feelings, and observations while the interview was fresh in my mind. The notes enabled me to recall events that may otherwise have been forgotten. Field notes have been found to be beneficial in qualitative research and to aid in remembering events more clearly (Rebar, Gersch, Macnee, & McCabe, 2011).

Self-dialogue assisted me to make some sense of the phenomenon of migration by understanding the component parts, and to explore my "gut feelings", which

encouraged me to ask other RNs why they had migrated and what it meant for them. The written recording of my gut feelings or tacit knowledge forms the third core concept.

Tacit knowing.

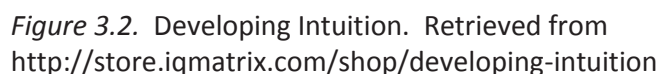
Tacit knowing refers to understandings of a phenomenon developed through having knowledge of its component parts (Moustakas, 1990). Tacit knowing reflects knowledge about something often without fully understanding how we know; having a gut feeling about something but not sure what or why we feel thus. Polanyi (1983) notes that tacit knowing can be identified when we examine previous experiences: it is a way of understanding what we know, but often each visit to the experience brings a new awareness of some component of which we were unaware, giving the experience more clarity and meaning within one's life. Moustakas (1990) is influenced by Polanyi's view of tacit knowledge and believes that the researcher requires the freedom to develop and to fully explore the phenomenon so that any potential for new awareness of the topic being investigated is not quashed. Moustakas regards tacit knowledge as having a powerful influence on the other core processes and, hence, it represents the central premise of heuristic inquiry. Simply put, through exploration we come to know more than we can tell. We may know that we know something but are often unable to describe exactly what, how or why we know it.

An example of personal tacit knowing was my understanding of the experience of stress involved in my migration journey, which derived from my deep knowledge of the parts of the process. This stress was felt in varying degrees throughout the whole migration journey to the present day. I have experienced this journey. I filled in the lengthy skilled migration application form and the nursing skills assessment form, and all the rest. However, when I arrived in WA, I was unprepared for the myriad expenses, which never seemed to stop, and constant emotional turmoil haunted me daily. While the whole experience is difficult to tangibly quantify, a solid and deep knowledge of the elements of that experience produced a tacit understanding of the whole. I knew that the weather would be better in WA than the UK but I had no personal experience of this aspect of WA life. I may not always be able to fully explain why I know things but I know that I know.

The personal assumption that tacit knowledge forms “truth”, however, is flawed. As Polanyi (1969) explains, the individual needs to have undergone the experience in order to be able to ask the appropriate questions related to that experience but the tacit knowledge that we use to make sense of situations and experiences may be formed by a dominant way of thinking pertaining to our cultural context. Nonetheless, tacit knowledge allows one to see the links between concepts and precedes the foundation of intuition that allows one to see patterns and linkages between what is believed known. In my experience as a migrating nurse, I knew Australia had excellent weather, good school systems, equitable health care and low rates of violence. These elements—which I thought would provide the basis of a “good” life for my family—were sufficient impetus to migrate.

Intuition.

Intuition is the bridge between the known and the unknown and plays an important part in developing our understandings of a phenomenon in heuristic inquiry (Moustakas, 1990). It is through intuition that “we perceive something, observe it, and look at it again from clue to clue until we surmise the truth” (Moustakas, 1990, p. 23). The researcher often draws upon intuitive clues when making subtle changes in procedures and directions. The result is a more cogent, deep and accurate representation of a phenomenon compared to the deductive knowledge obtained through critical analysis of personal experience. Intuitive understandings are constructed through examination of an experience holistically; thus, the researcher and the audience see it for what it really is. Kingsley (1998, p. 85) captures the essence of Moustakas’s notion when she says “intuition allowed me to make links between different experiences to arrive at a point permitting understandings of the commonalities”. In this study, intuition enabled me to look for and eventually see the big picture from the observable parts of my experiences of migration. The participants’ narratives helped me to place my lived experience within the panorama of migration as a shared experience. Practising intuition, therefore, may lead to the development of new knowledge, which might otherwise be concealed from direct observation (Conlan, 2004).



Indwelling is the process whereby the researcher becomes reflective and pensive, and examines the phenomenon more deeply. Hiles (2001, p. 7) describes this as a “participatory process of inner reflection and discovery that leads to fresh insight, greater awareness or new conceptual or practical distinctions”. Hence, this concept needs to develop at its own pace, not be hurried and requires intervals of rest and even

meditation (Kingsley, 1998). The indwelling process is cyclical, with the researcher entering into self-dialogue to elucidate self-understanding and to self-verify key insights. The researcher experiences an *aha! moment*, wherein the essence of the experience is distilled (Bridgen, 2007). Conlan (2004) and Kingsley (1998) both describe this process as fermentation, whereby the researcher seeks deeper understanding of the meaning of the whole experience, which for this study means the experiences shared by RNs from the UK migrating to WA.

In this study, indwelling, or self-awareness of the meaning attributable to an experience was slow to develop and often frustrating. I often felt that the issues and feelings attached to my migration experience were constantly repeated and that I was making no progress in understanding the “big picture”. Hence, I moved forward and backward in my thinking, with a great deal of self-talk and re-reading of my journal. It may have appeared on the surface that I was procrastinating but the research process was like an iceberg—while there was not much to show for my inquiry on the surface, the richness or substance to be found below the surface gradually became apparent.

Listening to the narratives of others in light of my experience eventually brought moments of realisation (aha!) and I was able to plot the key elements of the experience. This understanding made the process worthwhile. Indwelling produces understanding from immersion in the topic that may best be expressed in words and pictures (Moustakas, 1990). I spent many weeks in deep immersion, constantly writing any ideas and doodling to make sense of the phenomenon evolving. Through my journal, I tried to make sense of the thoughts and feelings that surfaced; and tried to focus on the key issues relevant to the area of study. When indwelling, the researcher needs to concentrate on the process of explication so as to gather thorough life experiences related to the qualities and constituents of the phenomenon under investigation (Moustakas, 1990). Furthermore, “explication requires reflective analysis [and] a return to the phenomenon for a more complete perspective” (Moustakas, 1990, p. 24) and will be discussed later in this chapter.

Focusing.

Focusing demonstrates personal growth and development, and results in changed understanding and clarity of the phenomenon (Moustakas, 1990). Similar to the concept of indwelling, for this study focusing required deep immersion in the experience of migration. It required a deeper level of concentration and my undivided attention. Conlan (2004, p. 110) describes this focus as a kind of “inward listening requiring silence so that understanding and clarification may be discovered”. Again, indwelling and focusing often occur simultaneously allowing us to more adequately understand the true import of the phenomenon (Moustakas, 1990). It was during this stage, when concentrating deeply on the topic of migration, that I allowed myself to re-examine my experience of being a migrant nurse. This aspect of temporality allowed for clarification of issues relating to my experience of migration and how this experience affected the personal fabric of my life as I settled in a foreign land.

Although the concept of focusing appears confusing at the superficial level, it enables the researcher to remove the “clutter” of thoughts around the experience in order to clarify the essence of the experience (Moustakas, 1990). Thus, focusing works at the deeper level of consciousness to make sense of the researcher’s understanding of the phenomenon. The essence of focus is:

understanding [that] is never without presupposition. We [sic] do not, and cannot, understand anything from a purely objective position. We [sic] always understand from within the context of our disposition and involvement in the world (Johnson, 2000, p. 23).

Therefore, focusing enables the researcher to recognise qualities of an experience that may have previously remained external to their consciousness mostly because the researcher had not stopped long enough to examine their own experience of the phenomenon under study (Douglass & Moustakas, 1985).

Internal frame of reference.

The researcher needs to understand their own beliefs and culture relating to the topic in question, that is, their internal frame of reference (Moustakas, 1990). Once the researcher understands how they feel about the phenomenon under investigation, they should offer respect to each of the participants' individual frames of reference. Each participant in the research brings their own set of experiences and, although migration is the overarching experience shared, it was important to realise that the particulars of the experience may not be a direct reflection of the researcher's experience.

The personal culture of each person is made up of a lifetime of experiences and this fuses to form the uniqueness of each person, which provides important and valuable data (Kingsley, 1998). In order to understand another's internal frame of reference, therefore, I took time during the interviews to explore and encourage each participant to share their experience and explain what it meant for them, developing an environment of openness and trust. It was my passion for the topic and the need to understand my experience that helped those I spoke with disclose their innermost feelings, fears, joys and sorrows.

Summary

This chapter explained why heuristic inquiry was the chosen methodology and explained its pertinence to studying the migration of UK nurses to WA. This method of inquiry has its origins in the phenomenological tradition, but goes further than Husserl and Heidegger by moving from the whole to the part and back to the whole. This method is unique as it incorporates the researcher's personal lived experience of the phenomenon as an integral part of the research. Heuristic inquiry demands the researcher's absolute commitment to the research process as an immersive and personally affecting method of knowledge gathering. Moustakas (1990) acknowledges that the only person who truly can validate the findings is the researcher who has continually explored their own experience and those of the participants so as to truly understand the phenomenon. Moustakas's heuristic inquiry, therefore, positions the researcher at the centre of the process for identifying the essence of the phenomenon under investigation.

This chapter also articulated the core concepts involved in the heuristic inquiry process; identifying with the focus of inquiry, self-dialogue, tacit knowing, intuition, indwelling, focusing and internal frame of reference. These concepts allowed the researcher to clearly identify the thought processes involved in this study enabling the examination of the migration experience of RNs moving from the UK to WA. The next chapter details the methods employed to collect, analyse and present the data in keeping with Moustakas's heuristic inquiry (1990). Specifically, it describes the heuristic phases undertaken, including immersion, incubation, illumination, explication and creative synthesis. These phases will be related to the data collection process.

Chapter 4

Method

Introduction

In the previous chapter, I examined the use of heuristic inquiry as both a methodology and method of research. Heuristic inquiry enabled an understanding of registered RNs from the UK in order to build a representation of the essence of the migration experience for those studied. By using heuristic inquiry, the researcher's personal experience of migration to WA was also explored to enable a common understanding of this widely experienced phenomenon of migration for policy makers, employers and future migrants.

In this chapter, the methods employed in the execution of heuristic inquiry as described previously are presented. It is timely to remind the reader that while Moustakas' (1990) approach to heuristic inquiry may appear structured on the surface, there is a fluidity to the application of the methodology.

This study comprised two stages. The first stage employed heuristic concepts that enabled the researcher to personally engage with the phenomenon. The second stage used specific heuristic phases to explore the migration experiences shared by other RNs from the UK. Figure 4.1 depicts the key aspects applied in stage one and stage two.

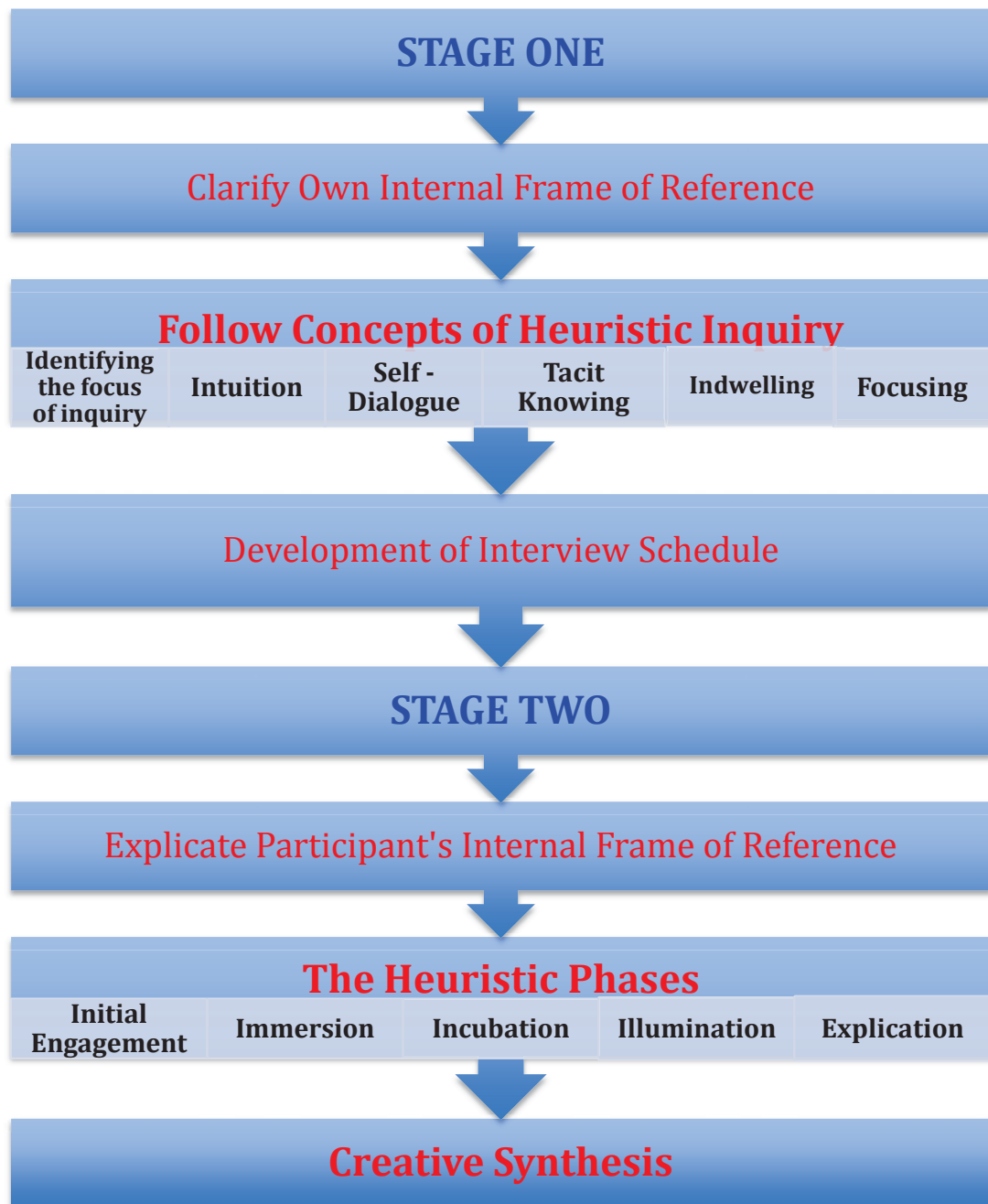


Figure 4.1. Method Plan. Adapted from “Heuristic research: design, methodology and applications” by C. Moustakas, 1990, Philadelphia, Sage Publications.

Stage One

Stage one of this study, in keeping with the heuristic processes discussed in Chapter 3, meant that the researcher was required to consider the phenomenon of migration from a personal—often introspective and retrospective view—to derive meaning of the phenomena for herself. In order to be true to heuristic inquiry, the researcher had to become comfortable with the use of “I” in providing an autobiographical account of her experience. Lundby (2008) identified that autobiographies or personal stories are constructed to build identities and allow the reader into the world of the author. I personally identified with the focus of inquiry and used self-dialogue and intuition to uncover the tacit knowledge of my migration experience. I also engaged in indwelling, focusing and reflecting on my internal frame of reference in order to explicate key attributes of the core essence of migration and to illuminate my internal frame of reference. Simply, if I was unable to make sense of my own experience, then I would be unable to understand the narratives of others with this experience. Beginning an understanding my own experience assisted me in developing an interview schedule to be used with participants later in the study.

Clarifying my frame of reference.

To assist in clarifying my experience of migration, I asked a colleague with experience in interviewing techniques to conduct a face-to-face, in-depth, semi-structured interview with me about my migration journey. A list of questions derived from the literature focused the interview. I had also asked two subject experts to review the questions for relevance and structure before the interview. This interview was digitally recorded. It commenced with me being asked to “tell me about your experience of moving to WA” and lasted an hour and a half. The interview was conducted in a quiet room at my workplace. This digital recording was later transcribed verbatim by an independent transcription service in order for me to read my story and to make sense of the experience. Listening to one’s own story may be very disconcerting due to the emotions evoked by hearing the opportunities taken or missed. Decisions made and the knowledge of the passage of time on decisions that renders them “good” or “bad” (Friedman, 1992). I also used self-dialogue and re-listened to my own interview to make explicit how I felt, and how I had experienced migration. At the time, this self-talk appeared to have no explicit structure but, upon reflection, I noticed that I used a

journalistic approach to self-talk. Fox (1995) identified that it is often, the who, what, when and why that is considered, often unintentionally, when reflecting on an experience. My own experience follows in Chapter five.

Self-dialogue or self-talk was complemented by viewing personal photos taken during my migration journey. Self-dialogue made what I knew about migration tangible by revealing my tacit knowledge of migration. Tacit knowledge can be considered to encompass a collection of theoretical and sensory information, which help to make sense of what is going on in life (Skelhorn, 2011). Again, we are reminded of Polanyi (1983) who contended that many pieces of tacit knowledge can be brought together to help form a way of thinking. In this way, I began to realise that while I knew about the migration experience, I did not fully comprehend it nor was I aware of how I had come to know this. Moustakas (1990) calls this a “gut feeling” or an intuition on the part of the researcher and stated that it assists in accurately understanding the experiences of others. Polanyi (1969) and Moustakas (1990) argue that effective intuition requires skills and practice so that the researcher can create experiential linkages to make sense of the phenomenon under study. I, therefore, had to link my experience of migration to that of other RNs from the UK who had migrated to WA. In this way, I was able to give voice to the participants to ensure that those who shared in the development of the phenomenon understood the essence of the migration experience.

Self-dialogue continued during the reflective process of indwelling. Indwelling requires a deeper connection to the snippets of knowledge that may have gone unnoticed had my internal frame of reference not been considered and reconsidered from many angles. These connections between my migration experiences helped to determine relevant questions to ask the other the participants. This period of drilling down to key issues within my own experience is called focusing. It is an immersive process that involved a deeper level of concentration and helped refine the interview questions further. As explained in Chapter 3, focusing allowed me to clarify the essence of the experience through a deeper level of consciousness to make sense of my understanding of the phenomenon and my own experience of migration. Here, I was also able to check the questions for relevance and clarity with the participants in mind.

Development of interview schedule.

The following details the interview schedule used to keep the researcher on track and to ensure that the phenomenon of migration was the centrepiece of each participant's story.

Interview schedule.

The interview commenced with the open-ended request:

"Tell me about your experience of moving to WA."

A set of trigger questions (Streubert & Carpenter, 2011) on the topic of migration allowed the researcher to address particular issues with each participant. A set of trigger questions (Streubert & Carpenter, 2011) allowed the researcher to address issues pertaining to each participant's background, migration choice, the personal and professional impacts of their migration, and their future plans.

The trigger questions were:

1. What is your nursing background?
2. What were your reasons for coming to Australia?
3. Why Perth?
4. Tell me about your personal life since moving.
5. Tell me about your professional life since moving.
6. What strategies did you adopt to assist with the transition?
7. What was easy/difficult in being a UK migrant nurse?
8. What advice would you give to UK nurses thinking of working in Australia?
9. Would you consider returning to live and work in the UK?
10. What are your future goals?

Demographic data were also collected before each interview, as were details regarding their date of migration and nursing qualifications (Appendix D).

In summary, the interview schedule used in stage two derived from my immersion in the interview transcript of my migration experience. Key aspects of my migration experience prompted me to question whether others had similar experiences to my own. Thus my internal frame of reference matured over the research time frame. I was able to acknowledge who was important; the why; the when; and the where of the essence of the migration experience. That is, my experience prior to examining and seeking to understand that of the participants' internal frame of reference was explicated. I understood the validity of the questions that needed answering to expose the essence of migration for RNs from the UK coming to WA when developing the interview schedule.

Stage Two

Moustakas' (1990) heuristic process provided the framework for stage two of the study into the phenomenon of migration of UK registered nurses to WA. In particular, the concepts of initial engagement, immersion, incubation, illumination, explication and creative synthesis were crucial to maintaining the integrity of this heuristic inquiry. The following describes the steps in the research method and their relationship to the heuristic phases (see Figure 4.2).

Steps	Heuristic Phases	Content
One	Initial Engagement	Participants Ethical issues
Two	Immersion	Data collection
Three	Incubation	Rest and reflection (in relation to personal frame of reference)
Four	Illumination	Data analysis Themes emerging
Five	Explication	Themes confirmed and validated
Six	Creative Synthesis	Early concepts of Migration Model

Figure 4.2 Heuristic phases and method. Adapted from *Heuristic research: Design, methodology and applications*, by C. Moustakas 1990, Philadelphia: Sage Publications.

Heuristic phases.

Step one – initial engagement.

Initial engagement using heuristic inquiry is a time for discovery, a time to develop a deeper understanding of the topic or the question to be answered. It forms the basis of the relationship between the researcher and the other participants. I was able to engage in the study once I felt a true connection with the topic. Moustakas (1990, p. 27) said that this is the “discover[y] [of] an intense interest, a passionate concern that calls out to the researcher”. The third phase began when I realised that nurse migration to WA warranted investigation. This explained my period of absorption in the literature on nurse migration. I found that there was a gap in the literature as there was limited research that captured the essence of the migration experience of UK nurses.

It was at this time that my self-dialogue, described in stage one, re-impacted and enabled me to ask why the experience of other UK nurse migrants migrating to WA had not been extensively investigated before. UK nurses, after all, shared a similar cultural nursing experience, education system, language with RNs in Australia, didn't they? This question provided the impetus to seek answers. An understanding of migration issues was necessary to enhance the transition from 'UK nurse' to 'WA nurse' to assist integration into the West Australian healthcare system. This knowledge will facilitate the retention and ongoing productivity of UK nurse migrants in the workplace. Thus, the initial engagement phase guided the rest of the heuristic process in my pursuit of understanding the experience of the migration phenomenon for myself and others.

Participants or co-researchers.

In his heuristic inquiry, Moustakas (1990) acknowledges participants as “co-researchers”, because of their contribution to the research. Anastasakis (2003), Conlan (2004) and Kingsley (1998) evidenced this approach. However, most qualitative research recognises those recruited as participants (Polit & Beck, 2008; Streubert & Carpenter, 2011). For the purpose of this study, the term *participant* will be used for this heuristic inquiry. The participants in this study were nurses registered with the Nurses Board of Western Australia (now known as Australian Health Practitioner

Regulation Agency) who had migrated to WA between 2003 and 2008, and had previously worked as RNs in the UK, and who had been employed in the WA healthcare system for at least six months.

Ethical issues.

Ethical approval was obtained from the Human Research Ethics Committee of both Curtin University and Edith Cowan University (Appendix A). Once participants were identified, they were given an information pack that included an information form (Appendix B) outlining the research and the role of participant, and the participant consent form (Appendix C). Informed, written consent was obtained from each participant before the interviews were conducted.

Participants were also given information on what they could do if they became distressed during or following the interview, and how to contact the Ethics Committee if they had concerns regarding the conduct of the research. Participants were also advised that they could withdraw from the study at any time without repercussion.

Ethical and professional codes of conduct require that researchers protect participant privacy through strategies that safeguard anonymity and confidentiality (Given, 2004). The researcher explained the interview process to each participant and assured them that their personal information would be kept confidential. Participants agreed that they preferred a pseudonym be used in reports of the study. Furthermore, data was also de-identified during transcription. To further ensure confidentiality, hospitals and organisations were referred to in generic terms, such as “large metropolitan hospital”, “community nursing organisation” or “nursing home”.

All data collected was stored in accordance with Edith Cowan University’s research policy and the *National Statement on Ethical Conduct in Research Involving Humans* (National Health and Medical Research Council, 2007). This included electronic data, which was kept in an indexed and retrievable format. All data was stored securely and will be kept for a minimum of five years from the date of publication. The researcher and supervisors were the only people with access to the raw data.

Step two – immersion.

Immersion, the next step of heuristic inquiry, involved data collection. Here I “stepped outside” my own experiences to consider the personal experiences of migration of the other participants. The collective accounts portrayed many different and unique elements essential for understanding the phenomenon of migration. Immersion enabled me to become “intimate” with the phenomenon on a personal and a shared level with participants, which enabled growth and understanding of the phenomenon. For almost the first time, I actually listened for a story of migration (Denzin, 2006).

The immersion phase demanded my complete attention to the question. I literally lived and breathed the topic: “everything in ... [my] life [became] crystallized around the question” (Moustakas, 1990, p. 28). My understanding of the research question deepened over time as I engaged with participants to gather their perspectives of nurse migration. I would often wake in the early hours of the morning having dreamed about the topic. These musings were recorded in my journal. Everything that I saw, heard and experienced became raw data—that is, possibilities for understanding the phenomenon of UK registered nurse migration to WA.

Data collection.

Moustakas (1990) was a proponent of targeting a specific, predefined group that represents the phenomenon under study; in this case, RNs who had migrated to WA from the UK between 2003 and 2008. Therefore, purposive sampling was used to recruit participants (Richardson-Tench, Taylor, Karmode, & Roberts, 2011). “Snowball sampling”, a subcategory of purposive sampling, let me take advantage of informal social networks to identify specific respondents who may otherwise have proven difficult to locate (Polit & Beck, 2014).

The first participant was identified by a nursing colleague of the researcher who worked at a large metropolitan hospital in Perth. Snowballing provided ease of access to eligible participants and assisted management of the data collection phase in a timely and efficient manner (Rebar et al., 2011). Snowballing depends on the ability and willingness of one participant to identify another who has experienced the phenomenon under investigation. This method of recruitment is successful if the

participant who is approached trusts the researcher enough to pass on another's name (Faugier & Sargeant, 1997).

Snowballing relies on "champions" with an interest in the research topic who are willing to share the name of another (Streeton, Cooke, & Campbell, 2004). Lopes, Rodrigues, and Sichieri (1996) warn that there is the potential for bias if one participant is acquainted with another participant. However, the researcher reduced the risk of such bias by using only one name put forward by each participant. This recruitment method furnished a sample of participants who were able to share a variety of experiences within different healthcare facilities throughout the Perth metropolitan area.

RNs identified through snowballing who were interested in participating in the study were asked to contact me directly. Interviews were scheduled within two weeks of initial contact to ensure that enthusiasm for participating was maintained. This process was repeated until saturation of data was achieved. This recruitment method resulted in a flow of referrals from interested participants, each participant referred by another RN migrant from the UK.

Data was collected in three ways: (a) semi-structured interviews; (b) a personal journal and (c) focus group.

Interviews.

Face-to-face, in-depth, semi-structured interviews were conducted at a time and place convenient to participants. Locations included their workplaces and their homes. Conducting research within the natural setting, somewhere familiar (Burns & Grove, 2009; Corbin & Strauss, 2008) helped the participants to feel comfortable and at ease, thus reducing their anxiety and allowing them to speak naturally of their experiences. In a familiar setting, without the pressures of the "interview", participants were able to more easily recall fragments of otherwise forgotten intense situations (Babbie, 1990). Additionally, allowing the participants to stipulate the interview time and place ensured that they had sufficient time to complete the interview without interruption or distraction.

Demographic information was gathered from the participants before the interview. Participants were informed that the interview would take up to 60 minutes and that a second interview might be necessary to clarify or explore areas further. In heuristic inquiry, it is recommended that participants confirm that the information they give is correctly recorded (Moustakas, 1990). Therefore, to ensure that interviews were accurately transcribed, the researcher returned the transcripts to each participant by email and requested that they confirm the content. Only one participant identified anomalies and requested the audio file. After listening to the recording, the participant expressed surprise at the words they had used but subsequently made no changes to the transcript, having confirmed its authenticity.

As stated above, the semi-structured interviews were digitally recorded and transcribed verbatim. Rapport was established with each participant by initially recounting instances of my life and personal migration to establish common ground. Self-disclosure set the tone for the interview and I was careful to ensure that my disclosure came under the remit of researcher not “counsellor”. In research, self-disclosure helps the participant being interviewed to follow social norms by replicating the disclosure of the interviewer (Derlega, Winstead, Mathews, & Braitman, 2008; Jourard, 1957). It is also important to acknowledge that the story told by the participant is always the best or worst story about the experience, as it is these polar ends that are remembered by the participant of the experience (Dudukovic, Marsh, & Tversky, 2004). While the interview allowed me to identify with the participants empathetically and authentically, Conlan (2004) and Weiss (1994) reminded me to appreciate that the participants may wish to paint themselves in a good light by only sharing what they felt I wanted to hear.

In-depth interviews allowed the participants to tell their story without too formal a structure dictated by the researcher or an interrogative style of questioning that may have cut responses short (Cormack, 2000; Streubert & Carpenter, 2011). The in-depth interviews gave me entry into the world of the participants and the rich tapestries of their lives. I listened attentively and treated each participant with respect. It was very important to not only listen attentively to the narratives, but to *hear* the narratives (Langer & Ribarich, 2008). I was aware that I may be biased towards my own

experience and fail to acknowledge that each participant had a unique, individual story to tell. This will be discussed later in this chapter under “trustworthiness”.

Data collection continued until theoretical saturation was reached, that is, common emerging concepts and concerns (Streubert & Carpenter, 2011) were reached.

Saturation was reached after 20 interviews. Next, in keeping with heuristic inquiry (Moustakas, 1990), a focus group was conducted to confirm the issues identified in the experiences of migrating to WA that participants recounted.

Personal journal.

I commenced a personal journal in stage one of the study. The personal journal was a positive means for constructing knowledge (Alterio, 2004; Bruner, 1990) although the focus of the entries often shifted from me to others. My personal journal aided in maintaining a complete “memory” of the interviews, incorporating vivid descriptions of the context of interviews. Journal entries were not unlike contextual notes or field notes that offer a “thick description” of the situation observed, leading to a deeper understanding or synthesis of the situation (Polit & Beck, 2008, p. 354) through self-assessment (Manias & Street, 2001) and so aided critical analysis (Richardson & Maltby, 1995).

I frequently revisited both the transcripts and digital recordings over the period of the study to ensure my familiarity with the context. Journaling was also useful in encouraging full immersion in the migration experience.

Focus group.

A focus group served to supplement the primary sources and to establish the trustworthiness of the data (Morgan, 1988), as discussed later in this chapter. The focus group was also an effective means of acquiring a substantial amount of information in a short period (Ivey, 2011; Krueger, Casey, & Kumar, 2009).

The focus group was held 3 months after the completion of the final interview. Six of the 20 participants responded and attended the focus group. Those who were unable to be present had changed their contact details in the intervening months. Six to 10

participants is an ideal number for a focus group as participants feel safe and more willing to share in this environment (Streubert & Carpenter, 2011).

The researcher facilitated the focus group with a colleague acting as scribe, taking notes on group dynamics and mannerisms that were captured in the journal. This ensured that the researcher as facilitator and the scribe were each able to manage their primary role effectively (Kidd & Parshall, 2000). Although it is sometimes recommended that the researcher take no part in a focus group (Streubert & Carpenter, 2011), I actively participated because heuristic inquiry necessitated the sharing of experiences. The verbal interactions of the group were digitally recorded and transcribed within seven days of the focus group.

Steps three and four – incubation and illumination.

The next phases were incubation and illumination. While Moustakas (1990) deals with each phase discreetly, I combined them because reflection, deep thinking and re-thinking occurred simultaneously. Both phases required me to rest and step away from the distraction of being a mother, a friend, and even a wife at times. Personal reflection on the participants' experiences and uncovering the meanings and essence of migration through data analysis, meant that I was able to find and make connections with participants' experiences (Anastasakis, 2003; Moustakas, 1990). Developing connections within and between the data cannot be forced and occurs naturally at a point where the researcher is open to tacit knowledge and intuition (Moustakas, 1990).

Data analysis.

The eight steps of data analysis in heuristic inquiry (Moustakas, 1990) were adapted to suit the researcher and the resources available. The eight steps now included:

1. Collecting data from one participant (digitally recorded interview, transcript, and personal journal);
2. Total immersion in the data until the individual's experience was fully understood;
3. Interval and then review of data until its qualities and themes were manifest;

4. Returning to original data to identify if the depiction of the individual's experience corresponded with data from which it was formulated in regards to its qualities and themes;
5. After completion of above process for one participant, the procedure was repeated until an individual depiction of each participant was developed;
6. A composite depiction representing the group as a whole was constructed in which the common qualities and themes that delineated the experience of each individual participant was represented;
7. Returning to the original data and melding a representative depiction of the group as a whole. I also placed this depiction within the current literature to historically locate (see Chapter 8).
8. Finally, a creative synthesis of the experience was devised—that is, “an aesthetic rendition of the themes and essential meanings of the phenomenon” (Moustakas, 1990, p. 52).

Analysis of the interview data was not a discrete stage in the research. Analysis began during the pre-interview phase and continued through cycles of clarification and re-clarification through to the writing of the final narrative (Corbin & Strauss, 2008).

Analysis framework.

Before discussing the heuristic analytic framework, it is necessary to discuss the fundamental tenets of coding and thematic analysis. These analytical techniques are particularly significant in the formation of composite depictions, which form the basis of analysis.

NVivo™ (QRS International, 2011) was initially considered to assist with the analysis of interview data but I found it too restrictive and unnatural. I felt that it imposed an unnecessary level of disengagement from the data, which was not in keeping with heuristic inquiry. I knew that I needed to revisit the transcripts for many months to ensure complete understanding of the participants' experiences and therefore chose a naturalistic, manual method of analysis. Other researchers have similarly found that although computer packages are useful, they may not transform data into meaningful findings (Thorne, 2000).

To ensure a true and faithful connection with participants who had shared a similar life event with me, all recordings were repeatedly listened to and the interview transcriptions were read many times to gain a feeling for the whole experience of each participant.

Coding and thematic analysis.

It was important for me to feel a true sense of bonding with the participants and the data they provided in order to appreciate the phenomenon. This method was in keeping with Moustakas's (1990, p. 50) approach of colour coding to develop a map that visually depicts connections and relationships within the plethora of data. In each case, words, phrases, sentences or paragraphs that stood out were highlighted and then coded manually and organised into themes (Appendix E) (Braun & Clarke, 2006).

All key concepts, words, and phrases in each interview transcript were identified and highlighted in coloured pen. All highlighted sections were then cut out and placed on the floor in piles representing areas of connection. Many large sheets of coloured card were laid out, with the identified area of connection allocated a coloured card. Once all highlighted sections were allocated a coloured card, each card was explored to identify the essences (Appendix E). Once the key content pertaining to each essence was apparent, an umbrella term was used to describe the respective core essence. Three main core essences were identified and these were verified by participants in the focus group (Appendix F). Following the coding of the transcripts and determining the essences, the data was considered in light of the heuristic framework for analysis.

Heuristic analysis.

The four components of the heuristic analysis framework (Figure 4.3) were addressed during data analysis (Moustakas, 1990). These components were (a) individual depiction; (b) composite depiction; (c) exemplary portrait; and (d) creative synthesis.

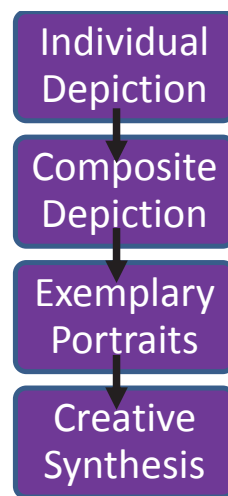


Figure 4.3 Heuristic Analysis. Adapted from *Heuristic research: Design, methodology and applications* by C. Moustakas, 1990, Philadelphia, Sage Publications.

Individual depictions. Individual depictions (illumination) comprised the identification of individual themes from each participant following repeated examination and review of their respective data. This resulted in descriptive narrative accounts drawn from each participant's interview transcripts. To write these narrative accounts as vignettes required constant immersion and periods of incubation to capture the story authentically (see Chapter 6). Individual depictions gave the researcher maximum exposure to the evolving picture.

Composite depiction. The composite depiction (explication) derived from the individual depictions and required further analysis of each participant's story to identify meanings of the whole experience of the group. The composite depiction is a combination of individual experiences woven together as a whole story. While not losing sight of the individual as an individual, the composite description requires the researcher's immersion and incubation until all meaning of the experiences in total is explicated.

The researcher's and participants' stories were used to build the composite depiction. Subsequently, participants in the focus group validated the findings reported in the composite depictions. The composite depiction of the experience of migration for RNs from the UK is presented in Chapter 7.

Exemplary portrait. The exemplary portrait (explication) represents the participant identified as truly representative of the group experience and explores who the person behind the experience really is. This required revisiting the interview transcripts, other data and the individual depictions. One story of the migration experience that contained the main themes was sufficient for this part of the heuristic process. The exemplary portrait is presented in Chapter 8.

Creative synthesis. Creative synthesis was a time when I as the researcher came to understand the complete story of all participants and felt able to express the collective story in a creative format. The creative synthesis in this study is represented by a migration model, which provides a unique perspective of migration and adds to the body of knowledge on nurse migration. The creative synthesis is presented in Chapter 8.

Step five – explication.

Explication equates to “findings” in the traditional research process. In this phase of heuristic inquiry, the core essence of the studied phenomenon is identified. In this phase I was able to make sense of my personal and the participants’ core understanding of experience. I called this my “aha” moment. That is, I had an intuitive realisation. I had uncovered the essence of migration for RNs from the UK arriving in WA between 2003 and 2008.

Step six – creative synthesis.

Creative synthesis, the final phase of this heuristic inquiry, occurred once all the components and core themes were fully understood by the researcher. This stage is often delivered in the form of a poem, story or painting but can be presented in another creative form (Moustakas, 1990) to represent the phenomenon as a total experience. This stage was reached when I felt that I had discovered something new from my internal and external search for meaning (Becker, 1994). The creative synthesis is the ultimate product of this inquiry and is a summative understanding of the experience as it makes sense to the researcher while capturing the truth of the experience as it occurred for the participants (Moustakas, 1990).

The creative synthesis in this study resulted from three frenetic months of work investigating a particular concept that occurred to me “out of the blue” one afternoon. It became apparent to me that the creative synthesis would include a diagrammatic representation of the journey of migration. This diagram evolved into a model that traced the journey of the RN from the point of deciding to migrate and related influences to the experience itself and incorporates the influences around the decision to either stay in WA or return to the UK. The migration model is explained in a short narrative of the migrant RN’s journey as a whole (see Chapter 8).

Trustworthiness.

Heuristic inquiry as a qualitative methodology cannot be justified through the use of statistics (Moustakas, 1990). Instead, the only person who can validate the findings is the researcher; that is, the one who continually explored their own experience and those of the participants in order to understand the phenomenon. The researcher alone goes through the process from the beginning, through immersion, incubation, illumination, explication and creative synthesis with themselves and the other participants to find the essence of the phenomenon.

The core method of data collection in heuristic inquiry is the in-depth interview, which is used to gain an individual’s rendering of the experience of a phenomenon. While heuristic inquiry is an openly ideological method of knowledge building (Heineman-Pieper, Tyson, & Heineman, 2002), it remains a method that demands rigorous attention to data collection and analysis. Accordingly, I used the following strategies to ensure the trustworthiness of the research process:

1. Documenting personal reflections (via interview by colleague) of my experience of migration to WA as an RN from the UK before interviewing participants reduced the risk of bias during data collection.
2. Personal journaling (locating self in the data): I maintained a personal, reflective journal throughout the research. This enabled a separate private forum for considering and analysing thoughts and assumptions that arose during interactions with the participants.

3. Reciprocal process (validity of claims verified by participants): This research incorporated an openly reciprocal process between the researcher and the participants. Transcripts were returned to all participants for them to review them for accuracy. This engagement enabled me to verify my interpretations and enhanced the trusting relationship essential for collecting valid and meaningful data (Polit & Beck, 2014).

4. Group checking: After the initial cycle of data analysis, a focus group was held to verify and validate my interpretation of the data. The focus group also served to corroborate the synthesis of individual transcripts when recreating the total phenomenon. This also ensured that each individual's experience was captured and reflected accurately. The focus group also assisted in avoiding bias, as findings were validated by a group of participants. The transcription of this interview was also returned to participants so they could confirm my accuracy.

5. Credibility was enhanced by engagement with participants during the interview, in which we discussed their migration experience. To enhance the accuracy of data, all interviews were digitally recorded. If similar meanings were perceived in the raw data from different participants, then the consistency of the findings were strengthened (Lincoln & Guba, 1985). It was also important to acknowledge the lone statement, as this is often rich with meaning.

Summary

This chapter explored the methods employed to conduct this study. The study was conducted in two stages: Stage one involved clarification of my own internal frame of reference after which the concepts and processes of heuristic inquiry, including identifying the focus of inquiry, intuition, self-dialogue, tacit knowing, indwelling and focusing, were employed to identify an interview schedule. In Stage two, the participants' internal frames of reference were identified by following the heuristic phases of initial engagement, immersion, incubation, illumination, explication and creative synthesis to explain the method of the study. Data was collected by in-depth interviews, a personal journal and a focus group. This chapter also explained how the

three core essences of the study were identified. Chapter 5 now offers the reader an insight into the unique, personal migration experience of the researcher.

Chapter 5

My Journey

I was born to Scottish parents in the town of Dunfermline about 20 km north-west of Edinburgh, Scotland. The town where my parents (now in their eighties) still live is very beautiful. It is home to many historic buildings, among them, the 11th century Dunfermline Abbey, burial place of Robert the Bruce. There is a park in the town centre known locally as The Glen, which was gifted to the people by the entrepreneur and philanthropist Andrew Carnegie. I am the younger of two children. My older brother is successful and well travelled; he first studied law, and then moved on to become an author and golf historian. I, on the other hand, grew up without any especially grand aspirations for my future.

The story of my migration to WA starts a long way back—1979 to be precise. It is the story of how I came to be a nurse, which set me on my current course. My nursing journey began during my late teenage years. I just felt that nursing was the “right” profession for me. My early experiences of caring for my elderly grandmother following a stroke, as well as a period working as an auxiliary nurse, in a local Dunfermline hospital, confirmed that nursing was a good fit for me. My mother was always very encouraging of my plans, although the path was not always clear or easy. I commenced my RN training in Aberdeen but my second-year exam results fell just short of the required passing mark and my tutor promptly told me that perhaps becoming a registered nurse (RN) was not really for me. At first, that comment shocked me and made me feel like a failure. I was quite upset but soon realised that I had to find another way forward because I knew that nursing was the career for me.

I settled on completing my enrolled nurse (EN) training but my goalposts never moved. I moved back to Dunfermline to plan my next move. Within 12 months I had secured a position in Jersey, Channel Islands and spent a wonderful 2 years enjoying a warmer climate but continually during this time was searching for a nursing school that offered a conversion course (of EN to RN). This took time and a lot of effort but ultimately I commenced a two-year conversion course in Eastbourne on the south coast of England,

and was determined to be successful. Being a student nurse again was a very different experience from my first time. Having had some practical experience, I understood the theoretical content more and could relate it to what I had experienced in the real world. I passed the conversion course without too many difficulties and it was during one of my student placements that I got my first inkling of what would become my passion—district nursing. I had met a triple-trained district nurse/midwife/health visitor while on a placement and I thought she was “just fab”—she did everything! I was not keen on further study to obtain a midwifery qualification though, so I went about completing a district nursing course, which I loved. I never thought I would tire of the role and I had faith that what we, (the district nursing team comprising of three registered nurses and two auxiliary nurses) did actually made a difference to people’s lives. I hold fond memories of my time in that role and the people I worked with. We were a wonderful team. We socialised together and genuinely cared for each other; our many life experiences over those 14 years brought us close together.

Yet once again life was about to lead in another direction. During my study for a Bachelor of Science Nursing (Professional Practice) degree in 1995, one of my supervisors suggested I commence education modules (towards a master degree). I clearly recall thinking that was unrealistic. It was ME they were talking about, the one who never made it to RN on her first attempt. However, I agreed and then slowly but surely worked my way through the modules. I found them stimulating; it was like finding a new “home” as the modules related to my area of practice and made sense of both nursing and education. I loved it. By the time I finished the Master in Nurse Education, I was married and had two very small children in tow. In addition, the reality of going back to district nursing part-time after maternity leave was not what I had expected. I had lost the sense of control I enjoyed when I had worked full-time and, although the person I job-shared with was competent and fun to work with, I knew it was time to make yet another change.

My changed circumstances led me to take a leap of faith and commence work as an academic at the University of Brighton, based at the Eastbourne Campus. This proved to be a steep learning curve as I adjusted to the demands of the job and learned how to put the knowledge I had acquired through my teaching qualifications into action. I

juggled caring for my children with my new job and maintaining a house and home as my husband was working away and commuting home at weekends. It was a hard time, with so many competing demands, but it was the routine of dropping the children at childcare, working full time, cooking tea and sticking to a regular early bedtime that helped me cope. I kept to that routine for about a year as I adjusted to, and began enjoying in earnest, my new role. It took a full 12 months to really settle into this new position.

At this time in my life, I had never really seriously thought about migrating, and certainly not thought much about Australia. I had been to Australia for a three-week holiday to visit a friend and former colleague, but even then did not think it was where I would end up living. I have memories of my Great Aunty Maggie, who had migrated to Australia after World War II. As a child, I used to think she was living on Mars or some distant land where the weather was hot and everyone lived in big houses. My Grandmother had visited her once and she brought me a fluffy toy koala—a symbol of Australia. I still have it today.

The main impetus for migrating came from my husband, Antony. He was fed up with work and the weather in the UK. He came home one day with an idea of migrating, preferably to the US. I would not consider America as I had heard many reports of violence and guns that made me feel nervous. As a mother, I was not prepared to take the risk. Meanwhile, a neighbour had been to Perth and dazzled Antony with tales of how fantastic it was, which made him consider Australia instead.

The 20th of January 2002 was the day we decided to migrate. Up to that point, it had not been a particularly eventful day but as the rain ran in rivulets down the doubled-glazed patio doors overlooking the green shaggy grass stunted by cold, Antony uttered, “Shall we migrate?” I had just had another day stuck indoors with two screaming children and, unless you have been there, it is almost impossible to describe the feeling of being closed in and the relentless demands on your attention made by small children. Looking out through those steamy windows reflecting an image of a dark, dull sunless sky and not knowing when I would next enjoy a relaxing holiday or feel the warmth of sunshine, I replied enthusiastically, “Yes”, surprising even myself.

Antony was 40 years old and I was 39 when we decided to migrate; we had been married for three years and had a two-year-old son and a nine-month-old daughter. We still lived in Eastbourne and had moved into a four-bedroom house at the marina 18 months previously. I thought at the time we had it all—the white picket fence, two children, and a comfortable lifestyle. I really loved the home we had made and I had spent a great deal of time decorating until it was “just so”.

In terms of my job, I felt that I had achieved much in the UK. I was satisfied with my role at the time, and planned to stay in academia until I retired. However, I did not mind giving it up to travel to Australia and try something new. I think I have always had an adventurous spirit. I have travelled widely and enjoyed many of the wonderful experiences that life has to offer. The idea of moving to Australia, in part, offered the possibility of another adventure. For the first two years of marriage, Antony was working two hours away by train in London as an IT consultant and earned a good salary. The downside was that his job required him to work very long hours, leaving home at 5.30 am and returning at 8.30 pm—providing, that is, there were no weather problems, bomb scares or train breakdowns. In the two years before we migrated, he was contracted to a company in Leamington Spa about three hours from home so lived in rented accommodation from Monday to Friday and came home at the weekends.

After having children, I saw things in a different light. The maternal urge to protect and care for my children at all costs kicked in. The wintry weather, depressed economy, seemingly miserable general population, increasing violence and recent influx of European migrants causing pressures on already strained public services, all concerned me. There were many things that made us want to stay but there were many more that led us to decide to leave; those mentioned above were just some.

We did not know anyone who had been through the migration process recently, so we made many calls to find the information we needed. We wanted to know everything—and not feel in the dark or face any major “unknowns”. We found someone who was going through the process—a girlfriend’s sister and her family. We approached a migration agent just as they had. The migration agent’s services cost £1000, which we

assumed was usual. During the couple of months that followed, my friend's sister decided not to proceed with her plans to migrate, but this did not deter us as our reasons for wanting to go had not changed and nor had our resolve.

We chose Perth, as I knew one person in Perth, a nurse I had stayed in touch with since working with her in the early 1980s. She was the friend I had visited four years previously. I had this strange logic that it was better to go where you at least knew one person. Strangely, after staying with her for our first six days in Perth, we have not had as much contact as I expected we would. She is single, and I am married with children and so we lead different lives. It is funny when you feel close to someone and are a world apart yet when you move practically next door they become almost like a stranger.

The migration process lasted many, many months, was often stressful but my husband and I worked together to achieve our goal. I think that is partly why our move succeeded—we wanted the same things and worked to the same goal. Many times we felt that we would not be accepted and I was often in tears of sheer frustration not knowing what or how to plan. We had sold our house as Antony decided that we would move to somewhere more rural even if we our application to migrate was rejected. We were in limbo, neither here nor there, which was a major cause of stress during the months leading up to our departure from British soil.

After 10 months we received a letter telling us our application was successful. It was hard to tell people. I was leaving some good close friends and this parting felt like bereavement. Some of my friends were visibly upset and seemed to mourn my leaving whereas others seemed to resent that I even considered leaving what seemed the ideal lifestyle. My parents were in Scotland and I had lived in England for 18 years so I only saw them once a year. After the initial shock, they were supportive of our plans and keen to hear of our progress. Antony's mum, however, was not keen at first but did not make a fuss. We saw his parents every fortnight as they lived only 30 minutes away, and I felt it important for them to spend time with their grandchildren. I was conscious of the grandparent's old age and that they may not have many years left to live but even this did not keep us from migrating.

The migration agent we had chosen kept us on track but we felt that we were doing all the hard work, such as finding documents; contacting nursing employers (both current and past); gathering evidence of all previous work experience, membership of professional bodies and our medical histories; arranging certification of all documentation by our solicitor and completing lots of forms. We felt we had lost control over our decisions, that someone far away in Australia was deciding if we would be allowed to move 14,500kms to begin a new life. We were advised by the migration agent to apply for permanent residency and a Skilled Migration Visa 136 on the basis that my nursing qualification was on the “in demand” list of occupations at this time. We were guided by the migration agent who seemed to know what he was doing and obediently followed his instructions at every stage.

The amount of information about my nursing qualifications that I had to gather was never ending. I had completed my initial training in Aberdeen at a college that no longer existed. The files were being transferred onto microfiche at the time I applied for them, which delayed the application by three weeks. This information, which included a breakdown of all theory and practical hours, was required by the Australian Nursing and Midwifery Council (ANMC) in order to assess my nursing skills; the first step in a very long process. I had moved into higher education the year before and so needed letters from previous employers explaining my nursing role and length of service over the previous five years. Following maternity leave in 1999, I returned to work for 22.5 hours a week, which was problematic as the ANMC criteria specified that you had to be employed for more than 20 hours a week over the previous two years and I had been on maternity leave during this time. The Nursing Skills Assessment was expected to take 12 weeks but I had inadvertently sent an undated letter with my application and had to supply another, which took two more weeks. The application process felt endless. I experienced constant pressure watching for the mailman, as official communication by email was unavailable in 2002. Once the nursing skills letter arrived—a disappointingly flimsy one sheet with very little on it—we were ready for stage two and the next hurdle: the visa application.

By now it was June 2002 and we were selling the house and surrounded by packing boxes and fragmented belongings but still we did not know where we would be ultimately settling. In August, we decided to obtain our police checks and complete medicals, as these would be required eventually. This is known as “frontloading”, something that I had read about on the Aussiemove website. It cost over £400 for these pre-checks and involved a 65km car journey and booking six weeks in advance. We were tested for HIV and I remember at the time wondering what on earth we would do if the test came back positive. I really felt that something would stop us from going. Our medicals were clear but our resolve to leave often waned and we would ask each other: “Do you still want to do this?” Neither of us said no but I could quite easily have stayed put.

By August 2002, eight months from starting the whole process of applying to migrate to Australia, we were living in a rented three-storey town house in Eastbourne with our two children, while most of our belongings were packed. In October 2002, Antony visited Perth for 10 days, as I did not want us to move and find that he did not like it. I thought it was too big a decision to make with no experience of Perth and could not contemplate arriving only to have to pack up and come home if we hated it. Antony stayed in the Perth CBD and made some contacts for work; he also spent time with my nursing friend looking at suburbs and houses, and came back with quite a positive perspective. I was dreading what we would have done if he had not. I hate wasting money and would have been so disappointed after spending thousands of pounds without actually migrating. It would also have felt as though we had failed had we not completed the process or had been turned down. On reflection, part of what spurred us on was that we did not want to feel that we had failed to follow through with our plans.

Coincidentally, while Antony was in Australia our visas were granted. It had taken 10 months from deciding to migrate to receiving our visas, although it had felt much, much longer. Our sense of excitement and relief quickly faded as we faced our next challenge: we had from the first of November to the middle of March to enter Australia and have our visa stamped. Fortunately, our house was sold so the next three

months were hectic but at least we could plan and make decisions, give notice at work, inform the rental company, book flights and cancel childcare.

We decided to take most of our possessions with us as we thought we would probably need them. I contacted a few removal companies to get quotes, the most reasonable being around £4000. It was part of the service to have everything packed by the company (something to do with insurance and customs declarations) but it was a fantastic service with four people coming into my home one morning and everything packed up in boxes by tea time. An enormous trailer took it all away two days before we left. I remember watching it disappearing down the road and wondering if we would ever see the contents again. It was in fact six months before I was to touch these items again.

Saying goodbye was harder for friends and family than it was for us. We were going on an adventure and they were being left behind. I did not feel too sad as we were going as a family to try something new. Our journey was the culmination of months of effort and planning and nothing would stop us, but some friends were utterly distraught at our leaving. Of course, this concerned me, but not overly.

We arrived in Perth on the third of March 2003 at 5.25 pm. We had no house keys, no jobs and no household belongings—just the four of us and a few suitcases. In fact, we had seven enormous suitcases, two car seats, a selection of hand baggage and two very tired toddlers teetering precariously on two skinny airport trolleys. The airport check-in and flight take-offs and landings were a nightmare with the children. I never wanted to take them on a plane for a very long time after this. We stopped in Singapore and stayed with my brother for three nights, although I wish we had just gone straight through and got on with it. The weather was 40 degrees when we landed in Perth—heat to which we were not accustomed. We had arranged to stay with my nursing friend, whose house had no air conditioning and a non-functioning pool with no fence, which posed a hazard for the children. The children were jet lagged so it was a very challenging week and one that I would never want to have to repeat.

My nursing friend had arranged a rental house for us, a 4x2 in Duncraig, which was basic and grubby but functional. We had chosen Duncraig, as our migration agent said it was a nice area and we believed what we had been told as we knew no better. The house did have air conditioning but no heating so we had to buy oil filled electric heaters when it started to get colder. I had been told by my nursing friend that it became cold in winter with the temperature sometimes as low as zero degrees. For some reason I chose not to believe her and so it was a real shock to me when it really did get cold in the winter months.

Back to the rental. The cooker/stove was dirty and much work was required in the first few days to make the house feel clean. Spotting my first cockroach was a horrendous experience, as it scuttled across the work surface but the second and third encounters were less noisy on my part. Opposite the rental was a picturesque park with a convenient play area for the children. This park also attracted the most amazing number of pink and grey birds, which I now know are called galahs. Without warning at various times of the day, enormous flocks would land in the park and screech for 10 to 15 minutes before flying off and leaving deathly quiet once again. The other birds that reminded us daily of their existence were crows. One crow invoked the most irritating, persistent caw every morning from daylight, so eliminating our need for an alarm clock.

For the first five months, we had our double luggage allowance only (permanent migrants' allowance, negotiated with the airline in advance). Everything else was in the container in which our belongings had been packed the week before we left the UK. It was especially hard at the beginning with no toys for the children, but the couple who lived next-door, UK migrants themselves, loaned us some old family toys that proved a great help. This couple still keep in touch with us today and I frequently have flashbacks to those dark, cold days in the rental in Duncraig, when their kindness helped us through.

We remained in that rental for five months, acquiring a general feeling for the area. Antony was unemployed for these months so we could not get a mortgage until he found work. He cooked, cleaned and tried to find work. This was an unnatural

situation for him as he was used to being a breadwinner and providing for his family. He had completed his last UK contract just before Christmas and did not find work until August the following year. During these months of his unemployment in Perth, the UK migrant neighbours would come at least twice a week to take him walking just to get him out of the house and away from online job searching.

I naively thought the money we came with would be sufficient to buy a house, cars and anything else we needed; but unfortunately this was not the case. If we wanted to live in a nice suburb then we needed a mortgage. After five months, Antony finally found work but his pay was much lower than in the UK. He moved jobs four times until he was paid well and felt settled job-wise. I asked him during the initial period of unemployment if he thought we had made a mistake or whether he wanted to go back, but the answer was always no. We definitely felt during the early days that we had taken a backward step financially and had lost control over our decisions in relation to living arrangements and employment choices.

One of the hardest aspects of the move was finding childcare that I could trust. I had made plans from the UK but when we visited as arranged, the centre did not have the expected vacancies. We had to use another childcare centre in desperation. This was a low time as after two days I felt this was not a good place and cried when I left our children there. Remembering it still brings back feelings of leaving my children with the childcatcher from *Chitty Chitty Bang Bang*. Finding me in tears, our neighbour very kindly investigated alternatives and gave us the address of a childcare centre recommended by the local school. Even though it was 20 minutes away, it was a far better place with staff that genuinely cared for the children. This enabled us to try and sort out work, banks, furniture, heaters, Medicare, ambulance cover and cars.

I initially thought that I may not have to work in Australia and that Antony could provide for us all quite comfortably. This was not reality as I worked five days a week for the first six months, dropped one day when he found work and recommenced full-time when I started at a large northern suburbs' university. We definitely needed two salaries to support our lifestyle and pay for the children's activities and schooling. We

moved house seven times in eight years, but thankfully have been in our current house for two years.

A strange recollection from the very early days of living in WA pertains to one of the many shopping trips we made to add to our sparse collection of possessions. We were late back to my friend's house and the children had become restless due to hunger and probable boredom, when I suggested to Antony that we stop and find them some food. In the distance I spotted the familiar sight of the yellow arches of MacDonald's. It was not an eatery that we had taken the children to before but at least in this strange, new land it was familiar and I knew what to expect. I still find it strange that this memory has stayed with me.

I found work almost immediately on our arrival in WA with a community nursing organisation, as similar to district nursing as I could find. This organisation employed RNs to provide nursing care to clients in their own homes. Although I had contacted the organisation before moving, nothing could be arranged until we were in WA. My nursing friend knew someone who worked for this organisation and put me in touch with one of the managers who was setting up a rehabilitation team that needed a nurse. I had an informal interview 10 days after we landed and left with a job I was not even sure that I wanted. I secured a level 2.2 position (which I later realised was not something given lightly to new migrants) and was introduced to salary sacrificing—alien to me but it seemed to give benefits. I worked in a small team dealing with the rehabilitation of clients in the home. It was an excellent way to see the surrounding areas of Perth, as I travelled from Two Rocks to Mandurah in a company car visiting clients.

One of the aspects of the job that I found hard to deal with was charging clients for a health service. I had not encountered this in the UK because all services were provided free through the National Health Service (NHS). Here, I had to complete a finance form detailing each client's financial status and regular income. This information was then used to determine how much the client had to pay for the service received.

The first 12 months was a time of personal and professional growth for me. I met and worked with some dedicated professionals—a physiotherapist and two experienced occupational therapists who shared their professional knowledge, enabling me to deal with my clients in a more holistic manner. These colleagues also gave much-needed social and psychological support during my early months in Perth. Advice I gratefully received included where to go and buy things, how to get to places, and even how to buy a house.

My role as a nurse in this community nursing position was generic. It included introducing exercise programs, advising on home adaptations and how to manage with activities of daily living such as bathing, dressing, cooking and shopping while coping with a recent illness or disability. The aim of the program was to discharge clients from hospital earlier than normal, and provide them with home help, personal care or equipment to enable them to live independently within six to eight weeks of discharge. It was not exactly the same as any of my previous nursing positions but my experience as a district nurse and role in education were definitely helpful as patient education was an important aspect in this nursing role. I was occasionally required to advise on diabetes care, pressure ulcers, wounds or continence, which was all within my previous scope of practice and knowledge base.

I moved position within this organisation after six months to work as a Project Nurse. In this role, I worked with the Nurses Board of Western Australia to introduce a new framework for nurses detailing how delegation needed to be done within WA. I introduced this framework to my organisation over a six-month period, which involved travel to Shark Bay, Albany, Kalgoorlie, Bunbury and Busselton. This was a novel experience that enabled me to understand the enormous size of WA. I was then asked to develop some programs and educational resources over the next 18 months. After three years with this organisation, I secured a higher paying position in education at a major teaching hospital, which lasted nine months before moving to a large university as a lecturer in January 2007. It took four years for me to feel that my career was back to where it was when I left the UK.

A website called Aussiemove was helpful during the migration process. Other migrants posted their stories on the discussion board and it was a lifeline at many stages of settling in. What do we do for this? Where can we find this? Someone always had the answer. I even met up with some of the people when I first arrived who understood what I had been through. The experiences we shared included being away from friends and family, finding accommodation, finding a job and even where to shop. I arranged a monthly girls' night out for a group of women I had met through Aussiemove and this association lasted for four years. I helped out a little when they first arrived, as I knew how hard the first few months could be. A UK district nurse who contacted me through this website is now a friend and a colleague. I was surprised to receive a card from her a year after she arrived, which read:

Just wanted to say thank you so much for all your support over the last year. I can't tell you the difference you have made for us, just having someone there to guide us. When I first sent that email, I could never have imagined how much a stranger could have helped us. I hope that we are able to repay your kindness in the future and that we can look forward to a great friendship.

One of the things I particularly found hard at the outset was not knowing anyone. I remember going to the shops after work one day and seeing the cleaner from the community organisation who said "hello". I was over the moon that someone knew me. This feeling of elation that someone knew me remained for months. Working as part of a team also eased my sense of isolation; not only was it nice to have social contact but I learned a lot about allied healthcare from the physiotherapist and occupational therapist.

I also remember being shocked at the people swearing on the radio, especially as I was driving the children to school, as well as what I considered inappropriate adverts for adult services during morning radio. My first sighting of bare feet in supermarkets was a "wow" moment, which now makes me laugh although I do wonder whether they wash their feet at night! Another amazing sight was at the local cemetery, about 4 km

from our rental property, where I saw kangaroos. I really did not expect the remarkable scene of dozens of kangaroos, many with joeys, happily munching on the grass round the graves (Figure 5.1).



Figure 5.1 Pinnaroo Cemetery. Personal photograph.

I return to the UK every 18 months to two years to visit friends and family. I have even been twice for a week—each time for work purposes without the children. I feel that it is important to allow the children contact with their grandparents, although both of Antony’s parents have since died. Our children have many happy memories of our UK holidays to visit them. My elderly parents still live in Scotland and look forward to our visits. For reasons of ill-health, they cannot visit us but love to know that we are happy in Australia.

On reflection, I am still trying to find a UK-style curry that suits my tastes but I do love the weather, being able to dry clothes in an hour, the kangaroos on the golf courses, the calm and clear sea, and the sunny sky so blue with pure white fluffy clouds. People do genuinely seem happier in WA. It was hard trying to select a good-quality school; having to go on a waiting list; having to pay for education—although I think we would also have paid for private education in the UK had we stayed. Private health insurance

is expensive in Australia, as is a trip to the GP and prescription medication. The Internet is fantastic now for keeping in touch. Having flown back to the UK a couple of times, it does not seem that far, although it is expensive if all four of us go back together. I do not feel isolated in Perth and am glad we came here. No regrets—but it was very hard during the process of leaving the UK and finding our place here.

The children are now 12 and 13 and we have never seriously thought of moving back to the UK, even in the early days when things were hard. This refusal to consider returning could stem largely from not wanting to be seen to have failed. The thought of not succeeding after all the form filling, family tears and hardship in the early days would have felt disastrous—not to mention all the money we spent on making our dream a reality.

Summary

The story of our migration began on a rainy day in the UK—one moment of madness leading to a move to a new country. On reflection, it was very brave of us. There was no family waiting in Perth for us, and only one friend. The challenges were huge but did not really feel so great at the time. It is only from this reflection that it is possible to see the enormity of the process and the challenge we faced in hindsight. Never ones to admit defeat, even during the cold, wet days we soldiered on to settle in Perth, a place which we did not really know much about but somewhere that promised opportunity. The physical adaptation of being away from loved ones and the social adaptation in this journey of finding a new home and meaningful employment was at times challenging. These experiences led Antony and me to develop resilience and take strength from each other to identify ways of coping with these new and often totally unexpected situations. It was these constant battles to succeed and adapt at the start that led me to want to know how other experienced the maze of migration. In Chapter 6, I retrace the migration journey of 20 UK RNs.

Chapter 6

Data Analysis

Introduction

Chapter 5 gave an insight into my (the researcher's) migration journey. My story of migration highlighted the physical, psychological, social and financial issues that had to be overcome before WA could become home for me. After having reflected on my personal journey, it was necessary to understand the migration experience of other RNs from the UK to understand whether their migration experience was similar or different. In Chapter 6, the individual depictions, that is, the stories of the 20 participants in this study are presented. A composite depiction is provided in Chapter 7 followed by the exemplary portrait in Chapter 8 and the creative synthesis in Chapter 9. These four chapters complete the heuristic analysis process.

Individual Depictions of UK Registered Nurse Migration Journeys

In this chapter, a snapshot of the migration journey of the 20 participating RNs who came from the UK to WA between 2003 and 2008 is presented. In keeping with Moustakas's (1990) method, this snapshot includes a brief overview of each participant's unique circumstances. The individual depictions derive from the illumination process, which provided a "comprehensive explication of the core themes" (Moustakas, 1990, p. 50). The formulation of the individual depiction is the first stage of heuristic data analysis. Individual depictions captured the rich experiences of each of the 20 participants, a summary of which is presented in this chapter. One full textural individual depiction can be found in Appendix G. Figure 6.1 shows the hometown in the UK of the 20 participants and the researcher.

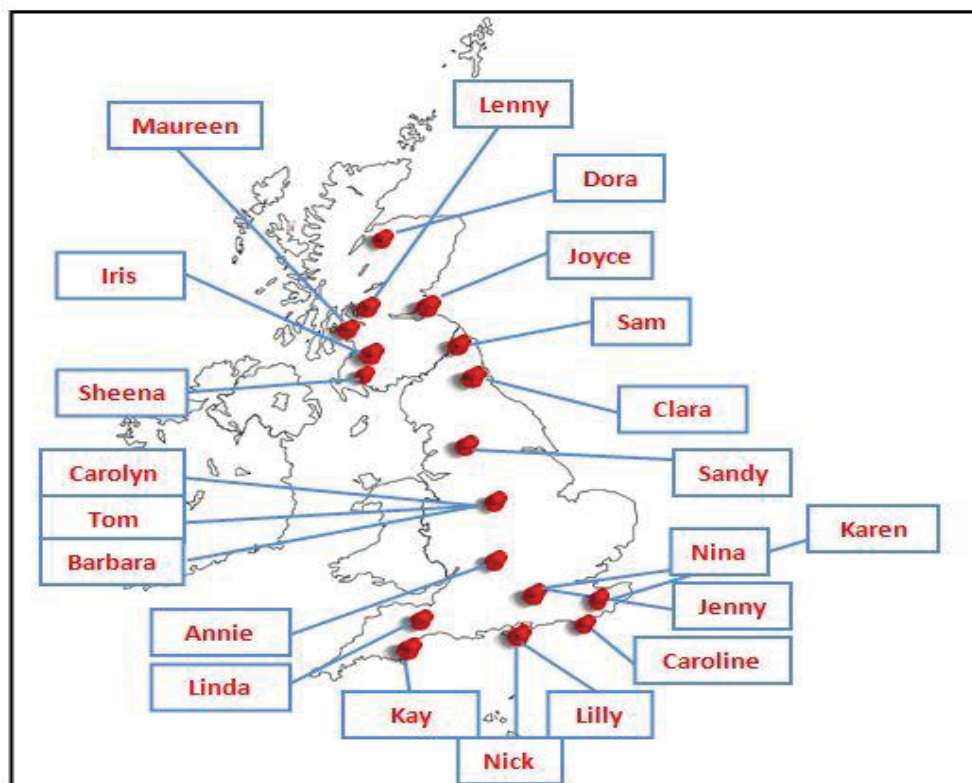


Figure 6.1. Map showing UK location of participants

The stories presented capture a range of experiences during the migration period, and introduce the reader to Nina, Karen, Kay, Carolyn Joyce, Tom, Sam, Maureen, Jenny, Iris, Clara, Barbara, Sheena, Lenny, Lilly, Nick, Annie, Linda, Sandy and Dora (pseudonyms have been used to protect their identities). A summary of participant demographics is given in Table 6.1 in order of appearance in the text.

Table 6.1
Demographics of Participants

Name	Age	Gender	Status	Child	Qualifications	Date of Interview	Time in Perth	Visa
Researcher	46	F	M	2	Master	01-02-08	4 years 11 months	SI-137
Nina	37	F	M	2	Diploma	21-02-08	8 months	457
Karen	46	F	M	2	Degree	10-03-08	6 months	SI-137
Kay	38	F	M	2	Degree	02-04-08	1 year 9 months	457
Carolyn	44	F	M	2	Master	01-05-08	2 years 7 months	457
Joyce	42	F	M	2	Degree	09-05-08	2 years	SI-137
Tom	49	M	M	2	RN	28-05-08	2 years	457
Sam	45	F	M	2	Master	20-06-08	1 year	SN-137
Maureen	43	F	M	2	Master	05-07-08	1 year 1 month	SN-137
Jenny	51	F	M	4	Diploma	14-07-08	2 years 3 months	457
Iris	38	F	M	2	Diploma	30-07-08	2 years 6 months	457
Clara	39	F	M	2	Diploma	12-08-08	1 year 10 months	457
Barbara	48	F	M	2	Master	22-08-08	3 years 4 months	SI-137
Sheena	43	F	M	2	Diploma	10-09-08	10 months	SI-137
Lenny	26	M	S	0	Degree	24-09-08	7 months	Holiday
Lilly	41	F	M	2	Diploma	30-09-08	2 years 3 months	SI-137
Nick	47	M	M	2	Degree	05-10-08	2 years 4 months	SI-137
Annie	43	F	M	2	Degree	12-10-08	8 months	SI-137
Linda	31	F	M	1	Degree	15-10-08	2 years 8 months	SI-137
Sandy	41	F	M	3	Diploma	22-10-08	2 years 2 months	457
Dora	34	F	M	2	Degree	31-10-08	11 months	SI-137

Introducing Nina.

Nina was a 36-year-old RN who migrated to Perth in September 2006. She is married and has two children, aged 10 and 12 at the time of interview. Nina originally came from Ireland but moved to England at 17 to pursue a nursing career. She knew of other nurses who had migrated to Australia and their stories painted rosy images for her.

Nina decided to migrate because she was dissatisfied with work and life in the UK. Working long hours, she could not spend enough time with her children. Nina and her husband chose Perth because Nina had an aunt living in Perth, although she had only met her once during a holiday in the UK.

Initially, Nina was offered a four-year sponsorship by telephone at a large metropolitan hospital but found when she arrived that she was only sponsored for one year. With 16 years experience as an RN, Nina was employed in what she considered a junior position at the hospital. Nina and her husband felt the need to apply for permanent residency in Australia soon after their arrival as they considered that their sponsorship

was too restrictive. They both found the migration and settling period stressful and it was initially hard for them to make friends.

Nina eventually settled into the lifestyle of Perth and Australia. She and her family spent more time together and felt safer than they had in the UK. However, she found many of the processes in Perth strange, such as filling in an annual tax return, paying the Medicare levy and the need for private health insurance. Although she thought she and her husband were well prepared, having researched Australia on the Internet, she still felt ignorant about Australian ways on arrival. She did not regret moving to Australia and her family was looking forward to becoming citizens. “I do not think we would move back to the UK but will not say never” (Nina, Interview, 21/02/08).

Karen.

Karen was a 46-year-old RN who migrated to WA in July 2007, with her husband and two children—a 16-year-old son and a 12-year-old daughter. Karen and her husband had been thinking about migrating for the previous five years with her husband more eager at the prospect of starting afresh in a new country. Karen admitted to finding reasons for delaying migration, which she considered too big a move. However, they had found that contemporary UK was not a nice place to raise a family; it seemed full of angry people in a rush. Additionally, as her husband was in the navy, Karen was left on her own much of the time and Australia promised a better and less stressful life for all of them. Karen’s family in the UK were not happy about their decision to migrate. Consequently, these relationships were strained in the time leading to their departure.

Karen had been an RN for many years and had recently completed a degree to become a district nurse. She loved her work and had planned to complete a master degree. Shortly after arriving in WA, Karen secured a position with a not-for-profit community nursing organisation. However, she found she was over skilled for the work entailed. Karen described being a UK migrant nurse as “easy” because her new colleagues were so welcoming; she loved the people she worked with, but hated the job.

On the day of interview, Karen said they felt happy with their decision to migrate, as her family loved the beaches and the parks, which were all so readily available. She

described the first few months as “difficult to settle initially as I am still looking for my own professional challenge in this new country in order to move forward and stop plodding” (Karen, Interview, 10/03/08).

Kay.

Kay was a senior orthopaedic RN from the north of England. She moved to WA in 2005 with her husband and two children, aged seven and 11, from a previous marriage. Kay found the move stressful, often crying in the weeks leading up to their departure although she and her family had been to WA on holiday the previous year and had not wanted to return to the UK.

Kay found her job in the UK very stressful with patients, relatives and managers ever demanding. Therefore, following their return to the UK, she investigated hospitals in Perth via the Internet. Within two weeks, she had secured a junior nursing position that included the offer of sponsorship at a large metropolitan hospital in Perth. Kay had to work fulltime due to the sponsorship, which she found very tiring. They were grateful to be given the opportunity of employment so quickly and so did not investigate an alternative visa; they did not find out until after arriving that there were options. Kay felt that patients and relatives were less aggressive in WA, and everyone was generally happier. The nurse-to-patient ratio was much higher in WA than in the UK, so she felt more able to do her job well.

Kay and her family “hit the ground running” and felt that they were yet to stop. They migrated for a better life but had to wait a while for it to start. Finding accommodation was a high priority, but was more difficult to achieve as they had migrated with their dog. At the time of interview, they were in the process of buying their own home, which Kay felt would make the whole family feel more settled. She was enjoying work and felt that her children had adapted well.

Kay initially felt guilty about taking her children away from their father but he thought it was a good move, as he would no longer be required to pay child support from the UK. She sometimes thinks “Oh my goodness, what have we done?” However, she cannot imagine going back to her tiny terraced house in the middle of the city, with no

garden, no parking, traffic problems, no pool and regularly having to scrape ice off the car after a night shift to drive home. Kay often reflects on the journey: “house sold in the UK, gave up senior job, no house key or car key in your pocket, homeless, jobless, flying in the air, furniture on a ship, but you get over that and think ... great” (Kay, Interview, 02/04/08).

Carolyn.

Carolyn was a 44-year-old RN who moved from North Staffordshire. She has a Bachelor of Nursing, a postgraduate diploma in health education and a master degree in nursing. About 10 years ago, her husband decided that migrating to Australia would be a good idea but Carolyn never desired to go. For her, the timing was wrong because her father was ill. Subsequently, she thought it might be okay. Her husband made a trip to Perth to see what it was like and loved it. Carolyn did not accompany him on the trip, but she trusted his opinion. They had one relative in Australia. The time from the moment they decided to migrate until their arrival in Australia was one year.

At the time of interview, they had been in Australia for two years. Previously, Carolyn had what she considered a good job and was happy in the UK. She had felt settled, with two girls aged nine and 13, and a comfortable lifestyle. However, considering the future, she had concerns about society in general in the UK with reports of increased drug use and crime.

Carolyn initially came to Australia on a temporary visa because her husband secured work suddenly and had to migrate before the rest of the family. They applied for a permanent visa at the same time. About four to six weeks after arriving in WA, Carolyn started to feel very unhappy. She described herself at this time as the unhappiest that she had ever felt in her life. She felt close to depression, crying every day, and could see no benefit in being in WA. It was August; her children were at school; she had no belongings; she did not have a home and was living in rental accommodation. Carolyn described this state as a total loss of identity. She felt that no one knew her or cared what she was doing. She had expected life in WA to be like the UK, but things were considerably different. How to find a GP? How to open a bank account? She felt that she had lost control of her life. Carolyn did at this time find a part-time position in

nursing and found that the contact with other people helped her because they suggested places she might visit. She felt that the lack of her own infrastructure was the problem but she came to love living in WA and appreciate the benefits.

Before emigrating, Carolyn had worked as a nurse practitioner and lecturer in the UK. It took her 18 months in Perth and three nursing employers before she found a position as a nurse educator at a tertiary hospital. She was enjoying this work at the time of interview but regarded it as temporary, before looking for something more challenging.

While Carolyn felt that the initial three months were the most difficult, she eventually came to realise that the ethos of work–life balance in WA was positive. Carolyn felt that migrants needed to change their thinking and not expect to do the same as they did in the UK: “You need to get into the Australian way of life to get the most out of it” (Carolyn, Interview, 01/05/08).

Joyce.

Joyce was 42-years-old at the time of interview, married to Paul with a daughter aged 16 and a son aged 14. Paul also has a 34-year-old son in Scotland. They moved “for a change of life”. Joyce was working as a district nurse in the UK and knew this would have been her career for many years unless she made the move. Her niece phoned during a holiday to Perth and described it as a place where people went out on their bikes and nobody laughed at them. They had family in Brisbane but wanted to live among strangers; they wanted to be independent and not be involved in their relatives’ lives. They wanted to “be pioneers and do their own thing” (Joyce, Interview, 09/05/08).

A couple of days before the move, Joyce had second thoughts because they had never been to Australia before and were relying on information that she had gathered from the Internet. Via the Internet, she had met a community nurse working in Perth who gave her lots of information.

Joyce described her thoughts on arrival as “being dropped from Mars”. They were confused about where they were and why they had come. She described feeling devastated at many points during the initial migration period having given up so much to come to Perth. Within two weeks of arriving, she felt “really, really bad” and wanted to go home. Paul, conversely, turned into “Mr Australia” on arriving in Perth and loved every minute of the experience. Her children started school four days after arriving and her daughter loved it, but her son was very sad and wanted to go home.

Joyce had many jobs in the first 12 months because she was unable to find anything similar to district nursing, which was what she knew and loved in the UK. Eventually, she moved to the aged care sector, although she would never have considered working in a nursing home in the UK. She thought it was not a very exciting nursing speciality. Following a series of three interviews, she was offered the position. At the time of interview, Joyce managed 105 staff, a multidisciplinary team including speech therapists, occupational therapists, 13 RNs, 16 ENs, care workers and hotel service staff. She had a personal assistant.

Joyce came to Australia on a permanent residency visa. However, as she did not have enough points and had not been qualified for two years on arrival, she had to pay a \$100,000 bond. Had they waited three months, this would not have been necessary but they felt rushed once accepted. Joyce loves the lifestyle in Perth and feels it is home—a state that took three years to achieve. Joyce became an Australian citizen a month before the interview and was moved by the speech, when the local mayor described the new citizens as pioneers. She left the ceremony with a sense of belonging. She felt that “Woolworths and Coles now belong to me and I am allowed to moan about things here now, as I’m an Aussie” (Joyce, Interview, 09/05/08).

Tom.

Tom was a 49-year-old RN. He is married to Cathie and they have two daughters aged 9 and 13 years. They came from Staffordshire where Tom worked as a nurse manager before their move to Perth in May 2006.

Tom and his wife had originally considered moving to Australia in 1991 after first qualifying as RNs but the demand for nurses was not high and they did not meet the points test required to qualify for a visa. While watching a television program about Australia in 2003, they started to contemplate migrating. Tom was not happy with the state of affairs in the UK, particularly the high taxes and the large number of migrants from many countries entering the UK. They chose Perth as it offered better weather all year round compared to the UK.

Tom came to Australia on the 457 Business Visa, after speaking to people who had previously obtained the same visa. He worked for the prison service for 18 months until they obtained their permanent residency visa, a Skilled Independent Visa 136. In order to obtain the Skilled Independent Visa, they had to leave Australia and re-enter the country to have their visa validated. He thought this was “totally stupid” as it was expensive to leave and return and also to have their medicals re-done.

Their daughters settled well into a private school. As both were shy, they found it difficult to make friends initially but were doing well academically at the time of interview. Tom’s wife found it very difficult initially and was very depressed, which he attributed to the upheaval of leaving friends, family, and a settled lifestyle, and moving to somewhere unknown. He had experienced moving when in the army so did not find it a problem. He had no desire to go back to the UK ever, not even for a holiday. Tom had been in Australia for two years and felt that he was still on holiday. However, he did not consider that Perth was the best choice of place to settle because “there is a lot more to do over East” (Tom, Interview, 28/05/08).

Tom qualified as an RN in 1991 and worked in an emergency department (ED) in the north of England. He then spent a year in the army as a nursing officer initially in ED and then in Kosovo for a short period. This was followed by four years’ of work in a young offenders institute providing health care, where he managed the budget and a group of staff until he moved to Perth. Following 18 months in the prison service, Tom worked for six months in an ED of a large metropolitan hospital. At the time of interview, Tom was working as a manager at a large residential aged-care facility (RACF) but had been offered a management position in a hospital nearer to where he

lived. Tom found nursing in WA frustrating: “UK nurses have more enhanced skills than we are allowed to use in Australia so I seem to find myself constantly challenging the system but being told that this is the way here” (Tom, Interview, 28/05/08).

A couple of weeks before emigrating, he wondered if they were doing the right thing. However, he stated that no amount of money would make him return to live in the UK.

Sam.

Sam was a 45-year-old married RN who migrated to WA in May 2006 with her husband and two children: a daughter aged 15 years and a son aged 10. She is also a registered midwife and has a bachelor of science (honours), a post-graduate certificate in education and a master in medical science. Sam has a brother living in Perth so they chose to live north of the river in Woodvale to be near him. Her parents also migrated shortly after Sam.

Sam qualified as an RN in 1988, and worked in plastic surgery for six months before completing a midwifery course. Thereafter, she worked in neonatal intensive care nursing acutely ill newborn babies. Sam worked in both the north and the south of England and so had a wide range of experiences.

On arrival in Perth, Sam found the staff at the hospitals very welcoming, but the work practices seemed strange initially. She worked in two large hospitals, mostly in neonatal intensive care, before securing a lecturing position at a local university after 18 months. Sam missed many aspects of her life in the UK, including walking in the Lake District, but compensated for them by watching her family kayaking in the Swan River instead.

She enjoys her job and the life they have built but found the cost of living very high. Sam said that she would never be able to work part-time as they need both salaries to pay the mortgage, bills and school fees.

Sam’s husband secured employment before moving, which made them more comfortable with the migration. She appreciated having family living locally saying, “I

do not know how I would have coped without them, as there is so much you need to know to survive those initial weeks” (Sam, Interview, 20/06/08).

Maureen.

Maureen was 43-years-old, married with two children aged 10 years and seven at the time of interview. She migrated to Australia from Glasgow, Scotland, in June 2007. Maureen had been qualified as an RN for many years and had completed a master degree in nursing. In the UK, Maureen worked in palliative care and had secured a senior position, although was expecting redundancy from her current job. Maureen’s husband was the main proponent of migration as he liked the idea of better weather and a more outdoor style of life for the whole family. In addition, a friend was migrating at the time. They had never been to WA themselves, but as it would have cost £10,000 to have a look, they decided to migrate. Maureen had just been made redundant so said, “Rather than look for another job here, I thought I could try in Perth” (Maureen, Interview, 05/07/08). She thought of emigrating as an adventure, but was constantly aware that it might not work. She thought that they might possibly return due to feeling guilty for leaving their parents behind and taking the grandchildren away.

Maureen and her family migrated at a time when house prices in WA were high so felt they paid too much when they purchased their home. They did not bring furniture and so had to buy everything new. Consequently, Maureen had to work more hours than she had intended. She felt that she did not have a lot of choice in the matter because of the extra unexpected financial pressures.

Maureen migrated on a State Territory Nominated Independent, STNI 136 visa, which she found a straightforward process. In regards to working as a nurse in WA, Maureen was surprised that she found the nursing so different from her UK experience. In WA, many agency staff were casually employed rather than permanent nurses and the “team nursing” model of care she was familiar with in the UK was not utilised.

Maureen had made friends but not ones as close as those she had in Scotland. She is happy to stay in WA but reported that “Brian misses Scotland and wants to move back

as he resents being a junior nurse. He misses his friends and family more than he expected ... so I guess I'll have to move back too" (Maureen, Interview, 05/07/08).

Jenny.

Jenny was a 51-year-old RN and married with four children. She migrated from Middlesex, England, in April 2006. Jenny had been an RN for many years. She moved to WA with her husband and their two youngest children. Jenny felt that her migration to Perth was a "huge mistake" (Jenny, Interview, 14/07/08). They left two of their children, aged 21 and 23, in the UK family home because they did not want to migrate. Jenny has nursing experience in intensive care and more recently as a practice nurse in a general practitioner (GP) surgery.

Jenny had to apply to a metropolitan hospital for sponsorship, as she was older than permitted in the eligibility criteria for permanent residency. The harder it was to migrate, the more determined she was to succeed. A short telephone interview with a large metropolitan hospital south of Perth proved successful and she was offered sponsorship by this organisation. She had a brother living in Perth at the time so had family available on arrival. Jenny had also lived in Perth 25 years ago but had not stayed long enough to apply for citizenship. Jenny and her family had holidayed in Perth a number of times previously and so it was familiar to them.

Jenny said that she hated the hospital job from the start but felt trapped, as she had to work fulltime to fulfil her visa requirements. She was working in a junior role and felt bullied by other members of staff. She said that she always felt undervalued by management as none of the courses she had completed in the UK were recognised by the hospital.

After eight months in Perth, Jenny succeeded in obtaining permanent residency. However, financially life was hard as they were still paying the mortgage on their UK house. She felt "in limbo, not able to move forward here as we are so desperate to move back" (Jenny, Interview, 14/07/08). Although she missed her friends in the UK and was desperate to go back, she thought they would stay until the youngest finishes school in three years time.

Iris.

Iris was a 38-year-old RN, married to Allan and had three children aged 16, 12 and 9. She migrated to Perth in July 2004 from Scotland and worked as an RN at tertiary teaching hospital. Iris and her family decided to migrate and try something new after two family members were diagnosed with cancer. This bad news encouraged them to do something different while they could. Although they were not close, Allan's sister was already living in Perth, and this influenced their decision.

Iris was offered an RN position at a large metropolitan hospital following a telephone interview. Sponsorship was offered so she secured a 457 Business Visa. Subsequently, she wished that she had applied for a permanent residency visa at the outset because she was "stuck" with her employer, as her sponsorship required a commitment of two years. She told of feeling a loss of control by being sponsored and found the early days in Perth frustrating due to not being able to make decisions about their future.

During the process of migration, Iris thought, "Oh my god, what are we doing?" On arrival, she thought, "Oh my god, what have we done?" Iris was overwhelmed at leaving family behind, getting on the plane then arriving in Perth and discovering that "it is not what you thought it was going to be like" (Iris, Interview, 30/07/08).

Iris found herself an emotional wreck at times while she sought a rental property close to a good school. They bought in one suburb then moved to another for a bigger property, and so moved house three times within 18 months of their arrival in WA.

Iris's husband found it hard to get work initially, especially as his work schedule had to fit in with Iris's shift work at the hospital. He had been a chef and then a train driver in the UK. He started work in WA as a baker and then became a transit guard before securing a position as a train driver. Iris would not discourage anyone from migrating but cautioned, "Some days you will love it and some days you will hate it. Don't go back in the first three months as it will unsettle you. Stay and make it work" (Iris, Interview, 30/07/08).

Clara.

Clara was a 39-year-old married RN who migrated to Perth from the north of England in 2006. She had two children aged seven and four. Clara qualified as an RN 14 years previously and worked 30 hours a week in the UK. At the time of interview, she was employed by a nursing agency working night duty at a tertiary teaching hospital.

Clara's husband had wanted to migrate to Australia for years, but Clara resisted, thinking it was too far away from friends and family. Following the migration of two friends and a subsequent visit to Perth, Clara changed her mind. Her friend convinced her that Perth was a fantastic place to live, work and raise a family. Clara was not happy in her job in the UK at the time so agreed to try it for two years. They finally made the decision in January 2006 and arrived in WA in October of the same year. She found the change very hard both socially and professionally although having friends close by helped enormously.

Clara's visa was sponsored by a nursing agency so she had to work a minimum of three nights per week, which fitted in well with the family. She found nursing in Perth much less rushed as more staff were available than in the UK. Despite this, she initially found it hard and thought others regarded her as "another agency nurse". Clara described days of despair during the first year. She yearned to return to the UK, although it helped knowing that she was only committed to two years and would be returning after that time.

In the early days, Clara found it hard to make new friends. They had to "start from scratch" but managed to build up networks via their children (Clara, Interview, 12/08/08). While now she would not return to the UK, if asked six months ago, her answer would have been different: it was "very hard when you do not know anybody" (Clara, Interview, 12/08/08).

Barbara.

Barbara was a 48-year-old RN who migrated from The Midlands in December 2004. She was married with three children aged 13, 17 and 19 years. She had a bachelor of

science (honours), a post-graduate certificate in education, a post-graduate diploma in intensive care and was a doctoral student at the time of interview.

Barbara originally migrated to Melbourne in 2000. She stayed for six months but returned to the UK when she developed a stress-related illness. In 2001, Barbara went to Sydney for a conference, travelled to Perth for a few days with friends and “fell in love with the place” (Barbara, Interview, 22/08/08). She thought Perth would be a good place to bring up her three sons as the eldest was displaying some bad behaviour. Barbara went home and told her husband who agreed to “give it a go” (Barbara, Interview, 22/08/08). Following her previous migration to Melbourne in 2000, Barbara knew immediately on returning to the UK that they had made a mistake going back.

Barbara qualified in 1981 and worked mainly worked in an intensive care unit (ICU) as a senior nurse. Since her arrival in Perth, Barbara has held positions as an RN in ICU in two hospitals, as a staff development nurse and had a teaching secondment to a local university. She found the work frustrating at times as her responsibilities in the clinical areas were reduced compared to the UK. However, she generally felt that she fitted in because being a UK migrant “is a common phenomenon here; [you are] accepted well—no one bats an eyelid” (Barbara, Interview, 22/08/08).

Barbara has returned to the UK three times in three and a half years. It has taken her approximately three years to feel really settled and make good friends. At the time of interview, she still felt sad at leaving friends and her job, which she described as the “height of my career” (Barbara, Interview, 22/08/08).

Sheena.

Sheena was a 43-year-old RN who migrated to Perth from the west coast of Scotland in November 2007. She lived with her husband and two children aged 21 and 15. She has a diploma in nursing and at the time of interview was employed on at the upper level of a Level 1 RN.

Sheena “fancied” a move somewhere but was not sure where to go. She contemplated Cornwall but decided on Perth following an unexpected visit to Perth to see a friend after the sudden death of her sister. She “felt in a rut ... needed a new lease on life” (Sheena, Interview, 10/09/08). On her return to Scotland, she discussed moving to Australia with the family and they agreed. It took about seven months to obtain a visa but 18 months for the whole process, including obtaining references, transcripts and medicals. They used a migration agent to assist with the process. They had been in Perth for 10 months at the time of interview.

Sheena qualified in 2000 and had worked in medical admissions, coronary care, general medicine, ED, high dependency and ICU, burns, plastics, and ear, nose and throat (ENT). Sheena felt it was more valuable to gain a variety of experiences rather than work to one area and try to progress up the ladder. This assisted her in securing a casual position at a large tertiary hospital almost immediately on arrival in Perth. As she did not get many shifts, she sought a permanent position at another hospital. However, she did not like working at the second hospital, particularly because it involved travelling a longer distance, so only remained there for two months.

Sheena found the migration process a “nightmare”. She found waiting for the visas especially stressful—“always thinking you are going to be rejected and not being able to do anything about it” (Sheena, Interview, 10/09/08). At the time, she felt those fretful months took a long time but on reflection it was not really that long.

Living at three different addresses in her first two months in Perth did not help Sheena’s family to settle. She said that they were “at each other’s throats all the time” and often thought they had done the wrong thing (Sheena, Interview, 10/09/08). She felt that finding work helped her and her husband to settle and find their own identity again, whereas initially they were doing everything together and “got on each other’s nerves” (Sheena, Interview, 10/09/08).

Going to work actually gave Sheena and her family something different to talk to each other about. While it was still early days for Sheena, she had made new friends and felt

included. She and her family felt financially better off than in the UK as Sheena was earning more money and they had no debts except for their house.

Lenny.

Lenny was a 26-year-old single man with no dependents. He was born and lived in Lanarkshire, Scotland, until his migration to WA in February 2008. He had only recently qualified as an RN, two months prior to migrating.

Lenny had family in Perth, which was the main reason for moving. On qualifying as an RN in Scotland, Lenny quickly realised that there were very few jobs available and so on the spur of the moment he decided to move to WA. Within two weeks, he had moved in with his parents and two younger siblings. This arrangement did not last for long as he preferred his own space after being away from the family home for many years. Lenny had no postgraduate experience so applied for a graduate program at one of the larger metropolitan hospitals. He had to work as a care aide initially as he did not yet have his nurse registration confirmed with the Australian Health Practitioners Regulation Agency (AHPRA).

Lenny arrived on a 12-month holiday visa, as “it was the quickest ... I got the visa in 48 hours and was here two weeks later” but found the whole visa business confusing (Lenny, Interview, 10/09/08). He did admit it would have been better to apply for permanent residency from the start as he had to accept sponsorship from the hospital to enable him to work and stay in the country.

Lenny found it “hard to fit in” and described himself as “a single male in a new country” (Lenny, Interview, 10/09/08). He found it difficult to make new friendships so often felt lonely although, “I knew how good life could be here but I was just not enjoying it” (Lenny, Interview, 10/09/08). He had recently separated from a long-term partner but she decided to travel to Perth on a holiday visa shortly after Lenny. Things got better once she arrived as he had someone to speak to and go out with. He was happy with his decision to migrate and was enjoying life in Perth.

Lilly.

Lilly was a 41-year-old RN who migrated from the Isle of Wight in August 2006 with her husband and two daughters. Lilly was a senior nurse in the UK and was now employed as a Level 2 RN in WA. Lilly qualified in 1991 and had worked on surgical and gynaecology wards, in a cardiothoracic high dependency unit and then ICU. Lilly and her husband had secured jobs by telephone interview as RNs at a north metropolitan hospital. From the UK they first chose a school for the children then chose a residential area and a nearby hospital, “so all sorted out prior to the move” (Lilly, Interview, 30/09/08).

Lilly said the main reason for migration was to give her children a better life. The decision to leave the UK took a long time but a stressful period at work proved to be a defining time and assisted her in making the final decision.

Perth was chosen as it was nearer to the UK than Sydney and also nearer to Asia for future travel opportunities. House prices were also a determining factor and Lilly had heard and read on the Internet that Perth was “an up and coming place to be” (Lilly, Interview, 30/09/08).

They migrated to Perth on a permanent residency visa although it was very expensive, costing about £5,000 in total for all the applications and medicals. Lilly explained that “there was heaps of paperwork but I chose to do it myself” (Lilly, Interview, 30/09/08).

Lilly had not been back to the UK since migrating as she thought she might not want to return to Australia if she went back. She hoped that she would not want to go back but missed much of what she had in the UK such as the pubs, shops and countryside. Lilly missed the history and said that “Perth is fantastic if you want to go to the beach every day but I want more than that and find Perth quite boring at times” (Lilly, Interview, 30/09/08).

Lilly said that the migration was the most stressful period of her life. Family and friends did not understand their decision; new friends and colleagues did not understand how bad homesickness could be; and “longing to see your family, especially at birthdays

and Christmas” (Lilly, Interview, 30/09/08). She never thought that she would feel this way but resolved to get on with life.

Nick.

Nick was a 47-year-old RN who migrated from the Isle of Wight with his wife and two children in August 2006. He worked as an emergency department nurse practitioner in the UK and loved this clinical speciality, although “not the politics within the organisation” (Nick, Interview, 05/10/08). Nick stated the reasons for the move to Perth as partly for the children and partly for himself and his wife as they were fed up in their jobs. They had been to Perth on holiday to visit friends who had children and thought it a much better way of life.

Nick qualified as an RN in 1983 then worked in medical and surgical wards for a year before moving to an ICU in London. Nick also completed a critical care diploma and a bachelor of arts (honours) in health care policy before he secured a position in the prison service as a senior manager. It was at this time that he was seconded to complete a nurse practitioner course, which consisted of four days week in ED and one day with his employer.

In Perth, Nick secured a position at a north metropolitan hospital following a telephone interview from the UK. He found himself “back to the floor” after a few years in management and was very nervous (Nick, Interview, 05/10/08). His nurse practitioner course was not recognised by AHPRA and so he was employed in a Level 1 RN position in WA. At the time of interview, Nick was still trying to find something that challenged him and enabled him to use his skills and experience. He would like “to leave nursing and try something completely different” (Nick, Interview, 05/10/08).

On reflection, the worst part of the migration journey for Nick was his mother-in-law who “cried every day for a month before we left” (Nick, Interview, 05/10/08). He did not feel any remorse but his wife felt very guilty and this ultimately spoilt the migration experience. For Nick, migration was “a positive experience with lots of negatives along the way” (Nick, Interview, 05/10/08). He felt that “others” do not

understand the enormity of the decision to migrate, especially the changes related to a new job and having to start life again (Nick, Interview, 05/10/08).

Annie.

Annie was a 31-year-old RN, with a degree in critical care. She migrated from Oxford in February 2008. She is married with a two-year-old son and enjoyed her nursing career in the UK. Annie's husband had previously visited Australia and had wanted to migrate ever since. Annie had never thought about leaving the UK or her family. However, the birth of their son caused Annie to rethink migration seriously and she decided "England was not a great place to bring up a child" (Annie, Interview, 12/10/08). Her husband was a police officer in the UK and WA Police were advertising at the time. They were given a choice between Perth and New Zealand and as they had not been to either, they chose Perth because they had "heard positive things about Perth from friends and from searching on the Internet" (Annie, Interview, 12/10/08).

Their family and friends in the UK were supportive of the migration plans but Annie "dreadfully misses friends who had children the same age" (Annie, Interview, 12/10/08). Annie said, "it took so many years to build up these friendships, then all of a sudden this is taken away and you have to start again" (Annie, Interview, 12/10/08). Since arriving in Perth, her husband has not enjoyed his job. He was not challenged by general police duties as he used to work at Heathrow Airport so found his work in WA quite boring. There was opportunity for further training but this would mean his staying in Canberra for a few weeks and Annie was not keen at being "left with a young child on my own in a strange country with no family support" (Annie, Interview, 12/10/08). Annie acknowledged that she was very reliant on her husband's mum and dad for help in the UK and felt that she relied on her husband much more in WA than in the UK.

About 12 months before arriving, Annie secured a position at a large central metropolitan hospital in Perth, but "did not like what I saw and heard from the manager so I opted for a smaller hospital nearer to where we were living" (Annie, Interview, 12/10/08). Nor had she realised the initial hospital was so far away from their home because the map on the Internet "was deceiving".

Annie felt that making friends was hard when you knew no one. They have one couple who they regarded as good friends and a few others they meet up with but would “not classify them as good friends, not someone who you could turn to in a crisis ... still working on that” (Annie, Interview, 12/10/08).

They finally found a house to buy and felt much happier about moving to their own place, although the thought of it was scary as “purchasing a house will make it feel more definite that we will stay” (Annie, Interview, 12/10/08).

Annie never once regretted the move although she had thought that she would. Annie did miss her friends but thought that Perth is a much better place to bring up her son as they could go out every day and were not restricted by the weather. She felt that if she did not have a child she would really have found it harder to settle. Annie originally thought they would give it two years in WA but soon after arriving knew that they would probably stay, as “I can’t see anything making me want to go back, as migration is more than I ever hoped for” (Annie, Interview, 12/10/08).

Linda.

Linda was a 43-year-old RN who is married and has two children ages 14 and 16 years. She was employed as a senior nurse in the UK and worked 30 hours a week. She migrated from the south-west of England in October 2005 and was a Level 1 RN in Perth at the time of interview.

Linda gave family reasons as the main push for migrating. The children were 11 and 13 years of age and she wanted to give them a different lifestyle and expose them to a place that offered more opportunities. She felt that she had to do it before they were 18 as it would be harder to share the same visa. She thought it was probably more her decision to migrate than her husband’s, although she had never been to Perth before. Linda thought that “if we came out and did not like it then we had the choice to return and just put it down to experience” (Linda, Interview, 15/10/08).

Linda qualified in as an RN in 1986 and worked full-time until she had her family. Following the birth of her children, she returned to work part-time and concentrated

on upgrading her qualifications and in 2001 completed an ED Course, prior to completing a Bachelor of Science degree. Following this period of study she moved into research and clinical trials for two years working 30 hours a week until moving to Perth to a prearranged job at a large metropolitan hospital, secured via a telephone interview. She had no worries about giving up her UK job to move as she felt that where they lived limited her future career options.

As Linda's husband was not able to find work for the first eight months they were reliant on Linda's income. Once in Perth Linda went from a Monday to Friday 9am-3pm job, to full-time shift work at a large metropolitan hospital ICU department. Linda worked at this hospital for 12 months before securing an 18-month research position, followed by an RN position with the Red Cross.

The whole migration process seemed to happen quickly for Linda, with considerable negativity on the part of friends and family as "lots of people did not believe that we would do it, which made me more determined to do so" (Linda, Interview, 15/10/08). Linda felt very homesick for the first six months; she missed friends and family and constantly thought of moving back to the UK in the early months. The differences in living in WA "hit quite hard at the start" but still she would tell nursing colleagues in the UK to give it a try (Linda, Interview, 15/10/08).

Sandy.

Sandy was a 41-year-old RN, married with three children ages nine, 18 and 20 years. Sandy moved from the north of England in August 2006. She had been an RN for two years at the time of migration and came in search of "a better life, somewhere safer to raise the family" (Sandy, Interview, 22/10/08). Sandy and her husband had thought about migrating for many years and finally got the confidence to do so once Sandy had qualified as an RN. The migration process took only eight weeks.

They had never been to Australia and so relied on the Internet for much of their information, choosing Perth because "the skyline in pictures looked impressive" (Sandy, Interview, 22/10/08). Sandy was successful in a telephone interview and secured sponsorship with a north metropolitan hospital. Sandy had limited experience

having worked night duty in the local ED before migration, but was skilled in triage, suturing and resuscitation. On reflection, Sandy said she felt “very naive in believing what I was told on the phone in relation to the job and found the nursing here very different to the UK in relation to lack of autonomy and recognition of abilities” and often felt demoralised at the start (Sandy, Interview, 22/10/08). She did, however, find comfort in having so many other UK nurses around.

They nearly returned to the UK at one point in the first year when their eldest daughter became involved with a man who turned violent, threatening the family. Somehow, Sandy found the strength and determination to stay, determined to make it work. They had “nothing to go back to in the UK for” and felt cheated that this one person nearly “shattered our dream of a new life in a new country” (Sandy, Interview, 22/10/08).

Sandy found it hard to make friends initially and grieved for her lost friendships. She found it hard that “no one knew your history and you were constantly starting from scratch” (Sandy, Interview, 22/10/08). She found it easier to make friends with new migrants who were in a similar position, as they also needed to replace family with new friends. The children settled well but it was not a smooth journey. Sandy did not expect that “coming here and just living would be so complicated”, with many of the details still too painful to revisit (Sandy, Interview, 22/10/08). They were successful in applying for a permanent residency visa and had no intention of going back to the UK.

Dora.

Dora was a 34-year-old RN from the north of Scotland but was born and lived in Denmark until the age of 18. She is married and has a two-year-old son, and a six-month-old daughter. She has a nursing degree and was employed as a Level 1 RN at the time of interview. She and her family thought it would be a good time to try something else with the possibility of a better life for the children. Dora’s husband was a police officer in the UK and they chose Perth as it was where police jobs were being advertised.

Dora qualified as an RN in 2005, and enjoyed orthopaedic trauma nursing. After her son was born, she returned to work, doing casual shifts mainly in theatre recovery. Before migration, she was “asked to go back and work on my dream ward of orthopaedic trauma” but she still agreed to migrate to Perth (Dora, Interview, 31/10/08).

The whole migration process took about 11 months. Dora came on a permanent residency visa, which was organised by the WA police force. She tried to arrange her WA nurse registration from the UK but found this difficult as she had done her primary and secondary education in another European country and so had to prove that she could speak English, eventually having to complete an English language test.

Dora started at a north metropolitan hospital in WA but then fell pregnant so only managed to work a few months, although she planned to go back to work as soon as possible after the birth of her child. Dora felt disappointed that her nursing career was again interrupted but was happy to work casually until her children were a bit older and then concentrate on her career. She was a bit scared to go to big metropolitan hospitals so was “happy to stick with the local one” (Dora, Interview, 31/10/08).

Dora found the move hard going with a young baby and was relieved to finally arrive. Once accommodation was sorted, she realised that they were actually in WA but acknowledged feeling “apprehensive, sad, and excited” and described the whole process as “mentally very hard” (Dora, Interview, 31/10/08). Dora missed the scenery, the hills, snowboarding, and friends and family in the UK but not enough to go back, as those features had “been replaced with something different and better” (Dora, Interview, 31/10/08).

Summary

This chapter presented the personal migration journey of 20 UK RNs who migrated to WA between 2003 and 2008. Each participant’s story offers their unique perspective on a challenging period in their professional and personal lives. However, while it is important to recognise the individual journey in each of these summaries, the sameness of the experiences also needs to be considered. Moustakas (1990) identified

that it is these similarities as well as the differences in the experienced phenomena that lend to an understanding of the essence of the phenomena.

In the next chapter, the composite depiction of the phenomenon, in keeping with the next stage of the heuristic process, is presented. This composite depiction was developed after a period of deep immersion by the researcher in the data. It provides the aggregate experience of the participants during the migration journey and introduces the three main core essences identified therein.

Chapter 7

Composite Depiction of Registered Nurses Migrating from the United Kingdom to Western Australia

Introduction

In Chapter 6 a snapshot of the individual migration experiences of 20 RNs who moved from the UK to Perth, WA, was presented. In this chapter, the aggregate experience of the participants as they planned for, and made the physical move to WA, is explored. In keeping with heuristic inquiry, this culminates in a composite depiction (Moustakas, 1990).

The composite depiction of the migration experience for participants in this study was developed after deep immersion in the data by the researcher. Personal reflection and journaling also enhanced the appreciation of the expressed experiences of the RNs. By listening to, and reviewing the interview transcripts a composite understanding of the experience emerged representing the three core essences, or shared meanings of the experience of migration for this group of UK nurses.

The three main themes or core essences identified in the composite depiction were: (a) making the move: finding a way; (b) new life: fitting in; and (c) here to stay (see *Figure 7.1*).

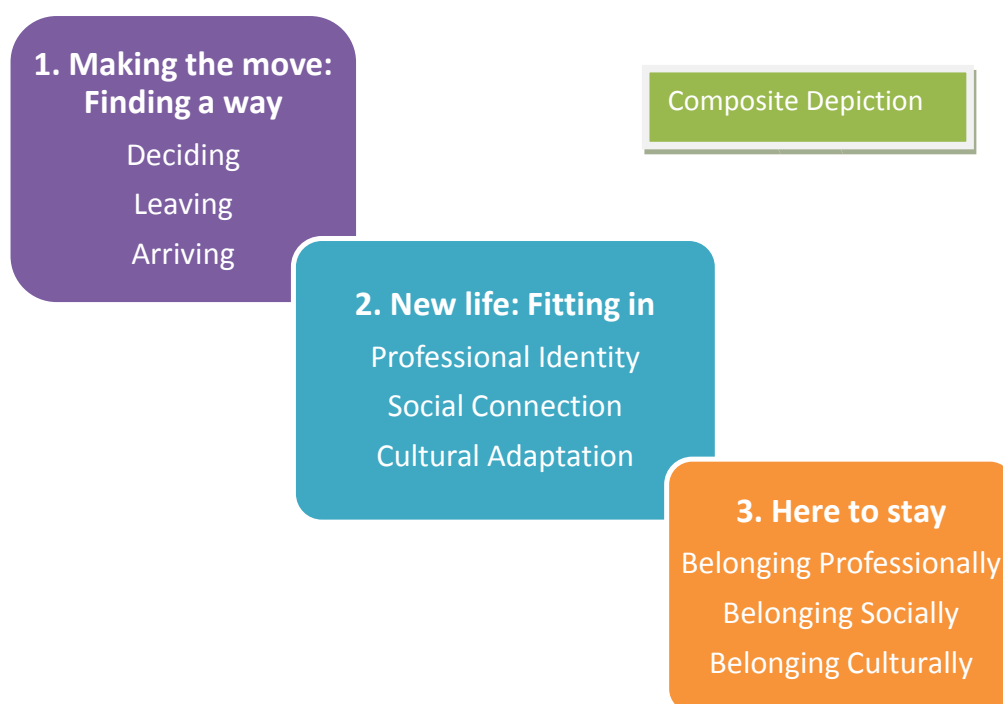


Figure 7.1. Composite Depiction. Main essences in the composite depiction of the migration experiences of United Kingdom registered nurses who migrated to Perth, Western Australia.

Making the Move: Finding a Way

The RNs' migration experiences identified in the first essence *making the move: finding a way* were time-specific: from the time of deciding to leave the UK and including the first three months following arrival in WA. Many decisions had to be made during this short period.

Deciding.

Decision making required the participants to actively make a choice regarding their future. An active response to a negative or positive factor (McCann, 2012) may have influenced their decision to migrate. Deciding to leave the UK, their job, friends and family might have been ultimately affected by sociopolitical, economic or environmental influences (Kingma, 2006). Decisions also had to be made regarding where to settle in Australia and which visa to choose; often they relied completely on the Internet for information.

The participants' decision making began 14,500 km away in the UK. Of the 20 participants, five came from Scotland, two from the north of England, four from the Midlands and nine from the south of England (see Figure 6.1). For most participants, dissatisfaction with work or the weather provided enough of a reason to consider migration. Some had friends and family who had migrated to Australia and sent back tales of a strange new place of possibilities, which planted the seed of migrating in their minds. The decision was made quickly and often without warning. For the researcher, the decision was arrived at on a cold wet day over a glass of wine. Once triggered, the decision changed lives forever.

For Karen, the decision to migrate to Australia was a planned and a much longed for dream that took many years to come to fruition:

Coming to Australia was something we'd always discussed ... for many years since 2000, when we first came over here to see my sister ... but there was always something stopping us. (Interview, 10/03/08)

However, once the decision to migrate was made, participants experienced a rush of information gathering to understand exactly what they had to do, and how to do it quickly. Often telephone conversations with strangers sent them in the wrong direction, frequently provoking emotional turmoil and self-examination as to whether deciding to migrate was the right decision. Most participants were prompted by dissatisfaction with their current employment and life circumstance and they felt that they needed to take decisive action to remedy the situation. As Kay explained:

I just had a really bad day at work one day and came home and said to my husband "that's it, I can't stand working in a UK hospital any more" ... I hated the hours, the politics and the management team.
(Interview, 02/04/08)

Nina offered a similar view in that:

I just hated my job, hated it and just wanted to move on to anywhere that could offer less stress in my working week. (Interview, 21/02/08)

Although working conditions in the UK played a significant role in decisions to migrate, for some of the participant's family reasons provided the final push:

I wasn't seeing much of my family in England. I was working I suppose about 80, 85 hours a week. The kids were always in care ... [I] never actually saw them. (Nina, Interview, 21/02/08)

Lilly had a similar experience:

We wanted a better life for our children, so the main reason for migrating was for them rather than for ourselves. (Interview, 30/09/08)

Another factor that facilitated the decision to migrate was the idea of *keeping their family safe*. These decisions were influenced by an increase in racial clashes across the UK, which some participants attributed to an increase in uncontrolled migration into the UK of African, Asian and European nationals. Four participants viewed foreigners in the UK as responsible for problems such as high levels of unemployment that put additional stress on the UK's economic system. Nick felt that:

There were so many European migrants expecting handouts from the UK government without return of labour. (Interview, 05/10/08)

Carolyn also had concerns about the way the country was going:

I didn't quite like what I saw was going to happen there, with so many on welfare. Just not what it was like when I

was younger, too many immigrants and too much violence. The UK was getting a bit too full of crime.
(Interview, 01/05/08)

Nick also raised the issue of the increased incidence of violence and gangs in the UK and how he felt about the future of the UK:

What was going on in the UK at the time was worrying ... immigration problems ... Eastern European gangs ... influx of so many Polish migrants. (Interview, 05/10/08)

The crime referred to by participants was largely petty crime such as car theft, home burglary, muggings and vandalism, which was a concern for the UK government at that time. The majority of participants lived in working-class areas where the incidence of crime ordinarily may be expected to be higher; however, they were not victims of crimes. Notwithstanding this, the impact of media coverage of crime contributed to the participants' feelings of apprehension about the safety of their lifestyle in the UK. Tom captured this sentiment:

I was not very happy with the way I perceived the UK to be going. With largely things from taxes, high tax rates, immigrants coming in, rates of crime, drug use, etc., just wasn't happy with the UK at all. (Interview, 28/05/08)

Hence, participants viewed migration as a viable alternative:

I thought Australia was a better place for my children to grow up because the UK was getting a bit too full of crime and I was just fed up there. (Sandy, Interview, 22/10/08)

Contemporary life factors in the UK, such as the need to feel safe, became another "push factor" for migration. Several participants also reported that migration was fuelled, not only by the need to move to a safer country, but by the desire for a sea change or a better life. Nina explained that "the pace of life in the UK was frenetic,

everyone always seemed rushed and rushing. Too much rush, rush” (Interview, 21/03/08). The pace of life in the UK, which was often coupled with pressured working conditions, created an atmosphere of stress and misery for some participants. Four wanted to leave the UK to “get away from all the miserable people” (Tom, Interview, 28/05/08). Some reported that before migration they themselves were miserable. Karen captured the essence of this sentiment:

I was so very unhappy really and I didn’t want that for my children and I didn’t really know, you know, how else I could change things for them and I knew this country would offer them a better life. (Interview, 10/02/08)

Sheena similarly said: “I was so fed up, and wanted to try something new before it was too late” (Interview, 10/09/08).

The participants’ reasons for migrating, while varied and complex, had a common undercurrent. All wanted a better life and decided to leave the UK based on this premise. This pull to Australia was complemented by the push of dissatisfaction with work and/or dissatisfaction with the UK and pre-empted their next decision—that of where in Australia to settle.

Where to go.

Fifteen of the 20 participants migrated without having ever set foot on Australian soil. Some, however, had a distant connection with someone either in Perth or in another state or territory in Australia. Their reasons for choosing Perth were as varied and diverse as the participants themselves. However, the pull of family and friend connections in WA played a major role in deciding to resettle in WA. Carolyn explained:

... having never visited Australia in my life ... my husband has some distant relatives in Perth ... he came over for a week to have a look and loved the place ... so I trusted his opinion.
(Interview, 01/05/08)

Nina also chose Perth because her mother had family there:

... my mum had family here in Perth and at least we had somebody that we actually knew in the country. Someone who could show us around and make us feel like there was someone we could call. (Interview, 21/02/08)

Sam was also drawn to Perth for family reasons:

We decided to come to Western Australia because my brother was here and he seemed to like it. (Interview, 20/06/08)

By comparison, while some participants moved to be near family, others preferred to move to WA because they did not want to be near people they knew:

I came to a conference in Perth in 2001 and fell in love with it. I liked the newness of it; I liked the cleanliness of it. We'd considered Brisbane but its humidity—I couldn't deal with that but also it's that little bit closer to the UK. Knew none but didn't care ... all part of the adventure. (Barbara, Interview, 22/08/08)

Clara also wanted to start again and did not mind the absence of a support network on arrival:

I said I wasn't going anywhere in Australia [unless] we didn't know anybody or anything. Thinking back, we were very brave. (Interview, 12/08/08)

Joyce also wanted to find her own way:

... did not know anyone here and wanted to be pioneers without being tied to anyone we knew. (Interview, 09/05/08)

Once the decision was made regarding the destination, pragmatic concerns relating to obtaining a visa became the next hurdle to ensuring this dream became a reality.

Obtaining a visa.

A visa had to be obtained in order for participants to travel and stay in Australia. Travellers coming to Australia for a holiday of less than three months can obtain an electronic visa online (Going Global, 2005). Those moving to Australia on a more permanent basis had to obtain a visa that would allow them to live and work in the country. The participants' limited knowledge of visa options proved to be problematic in this regard.

Participants indicated that had they a clearer understanding of the processes of migration (rather than relying on guidance from friends and families) their applications for a visa might have caused them less worry. Participants who chose to use a migration agent were subjected to great expense. Agents charged approximately £3000 or more, depending on the level of service requested. Most agents charged just for checking and sending off completed applications with some telephone contact, as Joyce explained:

I didn't have the knowledge and thought you had to do it through somebody; then I told my friend who came out after us and she saved £2500. (Interview, 09/05/08)

Jenny also recounted that this was the only option she was aware of:

I don't know anyone else that's done it any other way. I mean most of the nurses I know have come over the same way that I did by using an agent. (Interview, 14/07/08)

There were three main visa categories on offer for participants during 2003–2004: the Skilled Independent Visa subclass 136 (seven participants); the Business Visa subclass 457 (eight participants); and the State Nominated Visa subclass 176 (two participants).

Two participants travelled with their husbands whose recruitment to the WA Police Force included the Skilled Independent Visa subclass 136 for the families.

The Skilled Independent Visa subclass 136 offers migrants the status of permanent resident and is for skilled workers with an occupation in demand. This visa allows migrants to live wherever they choose in Australia and can take from 6–18 months to obtain. The State Nominated Visa subclass 176 also offers permanent residency but required new migrants to live and work in WA for two years upon arrival and generally offered a quicker processing time. The Business Visa subclass 457 visa is for skilled workers from outside Australia who have been sponsored and nominated by an employer to work in Australia on a temporary basis for up to four years (Department of Immigration and Citizenship, 2013b). This visa was much quicker, with applicants arriving in Australia within a couple of months.

Those migrants who entered Australia before October 2007 as a permanent resident could apply for citizenship after two years (now four years) (OECD Publishing, 2011). Those travelling on the Business Visa subclass 457 would have to apply for permanent residency then wait the required four years before applying for citizenship.

Eight of the participants had been offered sponsorship by their new employer, which was linked to a Business Visa subclass 457. Sponsorship often precipitated anxiety but provided the quickest option for physically getting to Australia. Sandy explained:

I don't think at the time I actually understood the process. I think it's because that is what the hospital offered me and it seemed like the easiest route in. I think it wasn't until quite a way down the line I actually appreciated there were other types of visas you could get. (Interview, 22/10/08)

Iris contended that she:

... actually didn't like coming on that [Business Visa 457].
In retrospect, I wouldn't have done that ... I was

originally sponsored for two years and then I could get an extension for another two years ... but after nine months we applied for permanent residency because I needed to take control back. I felt I had no control on a temporary visa. (Interview, 30/07/08)

The Skilled Independent Visa subclass 136 appeared to offer stability and choice of employment on arrival as well as immediate access to government services and benefits if required, which was attractive to seven participants. There were, however, some problems to overcome with this visa because age was a factor:

It took us six months to get the visa ... it was a bit stressful because I had just turned 45 when—I think a few months before we applied—they put up the points and we'd have had to invest a hundred thousand dollars; then just before we were granted the visa, they changed it so we were okay. (Barbara, Interview, 22/08/08)

Two participants managed a simple straightforward application for a visa because they knew about the State Nominated Visa and were able to navigate the process with minimal difficulty. Sam claimed that it was:

very smooth, didn't cost much ... didn't need an agent ... because I was a Registered Nurse they wanted me straight away. Decided we were coming in December and were here by May. (Interview, 20/06/08)

Once a method of securing a visa was identified, participants used the Internet to access as much information as possible to assist them in making sure the decision to migrate was the right one. This method of decision making often relied on *blind faith*.

Blind faith.

The Internet and the media played a significant role in information gathering and decision making before migration. In a sense, the participants saw Australia through rose-tinted glasses. Technology supported their dreams of a new life and informed these potential migrants of what life could be like in Australia.

Television programs describing a wonderful life in Australia had an alluring effect on three participants:

We had been watching *Poms Down Under* for the past few weeks and thought that it could be us living that kind of life, big house, sitting on the beach, BBQs so we made plans and just did it. (Nick, Interview, 05/10/08)

The researcher also relied on media during the early planning days:

We had a monthly newspaper delivered, can't remember what it was called but it gave us heaps of information about migrating and how others did it. It also had lots of advertising about companies that would help both while we were in the UK and in Australia. We were so excited at the beginning of each month when we knew it would be delivered. (Interview, 01/02/08)

Google and Yahoo searches depicted tales of the perfect life in Australia; images of sun-filled days, blue skies and the allure of beaches with pure white sand became imprinted as life in Australia. Tom said:

We did a lot of research on the Internet before we came out, about the area and what was available and just what kind of lifestyle they led. Everything was saying, you know, how good it is for family life and that it's laid back. (Interview, 28/05/08)

Maureen loved being able to have access to electronic information:

It is amazing how much research you can do over the Internet, how much information is there. How on earth people did it 20 or 30 years ago—I mean it was barely enough knowing what we knew. (Interview, 05/07/08)

Many websites such as 'POMS in Perth' and 'Aussiemove' (both of which were popular with participants) offered advice from others. These websites provided answers to all sorts of questions from those who had reached the "other side". Lilly found these particular Internet sites useful for finding new friends:

Once we'd made the decision to come we went on quite a few websites. We checked these websites daily if not more often! We were looking at people's experiences of migration and we linked up with a few people that were coming to Perth at the same time and we all met up and sort of discussed things ... still friends today so that was just researching on the Internet and things like that. (Interview, 28/05/08)

However, on arrival, some of the participants found that the portrayal of Australia on the Internet was unrealistic. Maureen described finding the suburb of Secret Harbour on the Internet and had a vision of what life would be like living in this seemingly idyllic area. In reality, she found that she had been under an illusion:

So we went down to Secret Harbour to begin with as we had been told that it was beautiful and the houses on the Internet looked fantastic ... we kind of fairly quickly realised that Secret Harbour ... we didn't want to be down there, didn't like it down there. Just houses in a row, not quite what I had expected. (Interview, 05/07/08)

Karen by contrast found:

One place I really wanted to look at was Secret Harbour. I'd read about it and that and I just thought it sounded lovely. I said let's go down south. So we spent, came down here, well, the minute we drove in we just said this is where we want to be. (Interview, 10/03/08).

This "blind faith" in the unseen by some participants was fuelled by a desire for a new life to the extent that they were unable to see any of the possible drawbacks that might have existed in Australia. Their decision to leave the UK was influenced by push factors such as dissatisfaction at work, influx of migrants into the UK, increased crime and lack of time for a family life. Pull factors that attracted them to Australia included better weather, living by the sea, a bigger house, a new job with less pressure and the chance of an adventure.

Once the decision to leave was made, participants found the time lag between the made decision and actually leaving was fraught with consternation: initially what was an exciting time turned into a period of stress and apprehension.

Leaving

The process of leaving began with the dismantling of one life in preparation for another (Lean, 2010). The participants had begun this process in the UK by leaving what they knew, ready to make the move to WA. In this study, "leaving" had two recurrent foci: leaving home, friends and family, and leaving work. Although the navigation of the migration process had initially presented many challenges to participants, once they had applied for a visa, waiting it out and dealing with family were some of the issues that became even harder, depending on the time lag, until the move became an actual reality. The participants reported often feeling as though they would never get to WA.

Leaving home, leaving friends and family.

Participants often found the waiting period—waiting for the visa, waiting to say goodbye, waiting to leave—protracted and difficult. Sheena complained of the length of time from initially applying for a visa to receiving a positive outcome:

Oh, it was a nightmare. It was stressful, waiting for the visas
... you say to yourself everything's fine, it's not a problem
because none of us have a criminal record, but the back of
your mind, I wonder if something's going to go wrong.
When is it going happen? How long is it going to take? I
found it all very, very stressful just because you didn't know.
(Interview, 10/09/08)

Issues such as processing time, seemingly endless paperwork, substantial costs, medical examinations and the nursing skills assessment also seemed to protract the process that was initially envisioned as an imminent move. While these compulsory procedural tasks were directly related to the legal aspects of migration and visa conditions, other issues weighed heavily on the participants as they made preparations. Karen explained the stress around preparing others for their move to WA:

I was bursting to tell people what we were doing but I didn't
want to at that time because we may not get there ... so I
found that very hard, having to keep quiet and yet we were
going through all these things in the background all the
time. So that was difficult, I mean we wanted to tell them.
(Interview, 10/03/08)

Leaving the UK created mixed emotions for the participants. In part, they felt excited anticipating a new beginning but, at the same time, leaving friends and family in the UK caused some participants to doubt themselves. Linda did not relish breaking the news to her father:

I thought my dad would really struggle with the idea of me going
and put off telling him for a long time and then when I did tell

him, he was just like, “Go for it. You know you would be crazy to stay here.” So that really helped me make the decision to go.
(Interview, 15/10/08)

Lilly described her mother’s response to taking the family away from the UK:

Before we actually flew out we went to see my mum and stepfather. We stayed with them for the last five days or thereabouts. It was the most stressful time in my life ever. My mum, they’ve never accepted it and blamed me for taking her grandchildren away. (Interview, 30/09/08)

Making the choice to leave family and friends behind in the UK often received unexpected responses for the participants during an already challenging time. For the researcher it meant:

I often felt that I had told people that I had a terminal illness, the way they reacted. It was as if they thought they would never see me again. It would again and again take away the excitement of the adventure. (Interview, 01/02/08)

When participants had family who were supportive and understanding of the move to Australia they found it easier to “let go”. Kay felt saddened about leaving family behind but was heartened by her mother’s understanding of her need to make a better life:

My mum was widowed only in the last three years so again it was, you know, it seems a really cruel thing to do to her but in the end my mum kind of gave us her blessing and said, “You know, if I was in your situation, I’d do the same you know. Go and have this new life and it’s got to be better than staying here” sort of thing. (Interview, 02/04/08)

Maureen also experienced emotions in relation to leaving her family members:

When it came time to go I got really, really guilty about leaving the parents behind. (Interview, 05/07/08)

The delay in finalising the move to WA made some participants more determined to go. For example, Linda said:

Lots of people went, "Oh they're not going to migrate ..." That was interesting: [it] made us more determined. (Interview, 15/10/08)

Annie also received similar comments from others:

Lots of people said ... oh, you'll never do it ... made us more determined, lots of negativity from friends and family. (Interview, 12/10/08)

The physical and emotional process of leaving the UK proved very hard for some participants, especially those with close family ties. Those with older children also found the process of leaving very stressful. Sandy described an eventful moment with her daughter during the migration journey and at the airport when they were about to board the aircraft:

She says she was going, then she wasn't going, she was going, she wasn't going. I said, "Well do me a favour, I said come over, get your visa stamped and if you want to jump on the plane and come back that's fine because you've got five years once it's been stamped to come back." So she went, "All right then." So she packed everything up, put in everything, "I'm coming now I'm coming." We were sitting in Glasgow airport and she said, "I can't do this." I went, "Stephanie it's too late now." I said, "If you want to go and come back in a couple of months' time, feel free to do that". (Interview, 22/10/08)

This experience of “leaving” was not new for two of the participants as they had previously migrated to Australia only to return to the UK. However, after a period, they decided they had erred in returning to the UK and were preparing to re-make the journey. Barbara explained her experience of this:

We’d already migrated to Melbourne in 2000, stayed for six months, and never enjoyed it so went back but knew straight away when I got back that I had made a mistake but kept it to myself. (Interview, 22/08/08)

Jenny had also tried migrating many years before:

Lived here 25 years ago, I got married here and we were here just under two years and then we went back, because I got really homesick. Then about four years ago, we came for a holiday and just suddenly felt, mmm much better lifestyle here for the kids. (Interview, 14/07/08)

As well as the circumstances of leaving friends and family, participants also identified concerns in relation to leaving their old jobs.

Leaving the old job.

Leaving the old job began when the participants relinquished their usual means of income in preparation for the move to WA. Many were well qualified: seven held a diploma in nursing; others had a bachelor degree (eight participants); and a few were educated to master level (five participants). Only three participants had less than 12 months’ experience as an RN.

Many participants were ready to make the move professionally, feeling that the UK no longer offered what they wanted. Clara clearly voiced this sentiment:

If I do go back to the UK, I wouldn’t be doing nursing because I couldn’t go back to the hospital situation there ... It was a new post, collecting figures for the government on hospital-acquired

infections ... nobody knew what I was meant to be doing ... it wasn't for me, so that is when we decided to come here.
(Interview, 12/08/08)

Nick also felt that work circumstances lead to their decision to leave:

I didn't get the G grade job that came up so pretty fed up ... so started the process for moving ... There were also cuts in management structure so I thought it was a good time to get out. (Interview, 05/10/08)

In contrast, it was hard for a few participants to leave their job in the UK. Some found it hard to tell their colleagues they were leaving, and often put it off until absolutely necessary or until they were certain that they were going:

I was bursting to tell people at work what we were doing but the role I was in needed stability ... found it hard keeping quiet.
(Annie, Interview, 12/10/08)

The participants overcame the various obstacles and emotions of leaving friends and family—as well as the emotions of leaving the old job—in the initial stages of migration. During the process of leaving the UK, participants often faced extreme changes in their emotions. The RNs in this study experienced what Hernandez (1998) terms an “emotional roller-coaster” during their migration journey. The emotional roller-coaster pertained to their psychological reactions to events before and during migration. The emotions they experienced in the early stages of migration included stressfulness and sadness. These emotions were not exclusive to one situation, person or family.

Being stressed.

Feeling stressed was apparent during the migration journey for the participants. This stress was mostly related to the application process for migration. Most participants were stressed by waiting for mail to arrive and, later, for emails from their assigned

case officer to either confirm or deny their worth to Australia. Nick described how he felt:

We did badger our case officer a couple of times because we were waiting for ages for it. Everything had gone off and then they sent us something back. It was to do with our nursing and they needed the originals so that held us up by a week or two. And then we just never heard anything for months it seemed. So I did actually, I sent a couple of emails off to them. Eventually I got an email back from someone saying it's all being processed. Once you're in a line, you can't jump that. The person in front of you being processed, they're stuck with something that's holding them up, you're stuck behind them because you're next in behind them. This was stressful. (Interview, 05/10/08)

Sheena also found the waiting and early days of the migration process very stressful:

Oh, it was a nightmare. It was stressful, waiting for the visas because I know. It's funny because you say to yourself, yeah, everything's fine, it's not a problem because none of us have a criminal records, nothing at all, but at the back of your mind, and after spending all this money, I wonder if something's going to go wrong. When is it going happen? How long is it going to take? I found with the four of us coming over, very, very stressful just because you didn't know. (Interview, 10/09/08)

The uncertainty of not knowing whether or not they would be accepted added to the strain experienced by participants. They had committed to a decision to go and, in many cases, wanted very much to make that decision into a reality:

The process was quite slow and quite tedious, bit annoyed with the whole paperwork thing because you were continually sending paperwork back and forth and we didn't seem like we were getting anywhere. It got really stressful at this point but

eventually, anyway, we got all our papers and we just headed here and it wasn't a problem but that was 10 grand later. (Nina, Interview, 21/03/08)

To reiterate, waiting for visas was a stressful time for participants with many confused by the process and the variety of visa options. Even deciding to use a migration agent or not, and the discrepancies in the service quality, was a source of anxiety and concern. Participants felt scared at times; they were fearful of the overwhelming unknowns while navigating the mental journey from the known and comfortable to the strange and new. Participants' feelings of stress during the initial stages of migration might have been exacerbated by sadness at leaving their loved ones behind.

Sadness.

Sadness relating to migration is common and often relates to leaving loved ones behind (Jirojwong & Manderson, 2001). Many participants expressed sadness, especially at the early part of the migration journey.

The participants whose friends or family previously had made the journey to Australia knew more of what to expect than those going through the experience without such first-hand stories. Irrespective, all participants experienced obstacles that in some cases "tripped them up" or prolonged their migration plans. Sometimes the obstacles came from unexpected sources much closer to home. For example, some found that their excitement during the process was deflated by negativity from friends and family:

My parents were particularly upset about it. They already had their youngest daughter over here. So for me to come over as well, their eldest, left the middle daughter in the UK on their own. So that was particularly difficult for them. So my mother wouldn't talk about it; she just couldn't face it all, which made me very sad. (Karen, Interview, 10/02/08)

Coping with the sadness of leaving friends and family behind was more difficult for some participants than others, as was the stress of leaving the old job. Tears were common for the new migrants coping with their own feelings and those of their family

members. Moving forward helped them to cope with these feelings, and thinking about the new life ahead stopped them dwelling too much on what they had left behind. The next stage of the migration journey—what to do on arrival—soon became a reality. The final sub-theme of *making the move, finding a way*, explores the issues of arriving in WA, the need to find accommodation, coping with emotions on arrival, experiences of financial haemorrhage and finding a job.

Arriving

Arriving in a new place brought anxiety and apprehension. McKee (2009) describes arrival as a time when one hopes for something new, for the experience to be as good as expected and for dreams to come true (as was sometimes expected by the nurses in this study). Having overcome various challenges on leaving the UK, the participants faced a new set of challenges in WA. Arrival issues during the first three months were particularly challenging, including finding somewhere to live, how to pay for all the new expense and finding a new job. The reflections below, paint a typical picture of what arriving in Perth for the first time as a new migrant was like for the participants:

We migrated to Perth, Western Australia on the third of March 2003, arriving at 5.25 pm. We had no house keys, no jobs and no belongings; just the four of us and a few suitcases. In fact, we had seven enormous suitcases, two children's car seats, a selection of hand baggage and two very tired toddlers teetering precariously on two tiny airport trolleys. (Researcher, Interview, 01/02/08)

Joyce explained her arrival:

When we arrived here, I had no idea where we really were; it's like getting dropped on Mars I thought. It was like I had arrived somewhere alien. (Interview, 09/05/08)

Karen also felt strange on arrival and said:

When we arrived, I thought, oh my God, what have we done?
(Interview, 10/02/08)

Finding accommodation.

Participants' initial reactions to arriving in WA were compounded by the reality of having to find accommodation. Most had organised initial accommodation from the UK and were secure in the knowledge that they had a roof over their heads for the first few weeks. Lenny moved in with family initially, as did Sam. Sam felt that having her brother to stay with at the start helped enormously:

I don't know how people managed ... I was so lucky being able to be picked up at the airport and helped with accommodation. I don't know how others manage without this sort of help. (Interview, 20/06/08)

Joyce had relied on *blind faith* to secure something suitable and had used the Internet to find accommodation. She felt confident in what they had booked until she arrived and moved into the house with her family:

This place was one that I'd booked over the Internet and I always had big success booking holidays over the Internet so I did not expect this ... I was so disappointed with myself this time. (Interview, 09/05/08)

Joyce continues describing the difficulties associated with finding a house in the following:

That was my lowest point then. I was sitting in this filthy house that I was paying a thousand dollars a week for. It had cockroaches in the kitchen and spider webs everywhere ... I was so disappointed, and there was these silverfish things crawling over the worktops in the kitchen and I got the lady in and she said that I needed to get a grip of reality and that's how it was in Western Australia. And I says "oh, I've paid you a thousand bucks for this for a week and I think it's pretty diabolical" and she was, well

“you don’t deserve to be here” and she was so negative to me and her husband came down and started shouting at me, saying that “you have no right to criticise the house for the used sanitary pads in the drawers”. It was like really bad. That was my lowest, lowest point and I, I sat in the bedroom with my clothes on with my kids sitting in the sitting room, Pete sitting beside me and we both had our heads in our hands and it was just so traumatic. (Interview, 09/05/08)

Sandy told a similarly unpleasant story regarding accommodation:

So that was the first ... Australia experience is this damp, cold house. Then one night in January I could hear the lights buzzing and I thought it was fly and I just opened my eyes and looked up and it was water dripping in, dripping in and then the ceiling fell in on us while we were in bed. (Interview, 22/10/08)

Joyce concluded her house-finding ordeal with:

We ended up in a house in the northern suburbs for 10 nights and within that 10 nights I had a job, I had the two kids in school, I had bought all the furniture and everything that I needed immediately for my house but I was absolutely devastated. I was devastated, I could not believe that I had given up my beautiful house, my big huge house that I built myself. I couldn’t believe that I had left it, and the reality was that I was the one who just wanted to come and a huge experience and I got here and within two weeks I was really sad inside and just wanted to go home. I really felt bad; I couldn’t believe that I was feeling as bad as that. (Interview, 09/05/08)

Finding a house to live in was extremely important for the new migrants and assisted in the first stage of settling in a new country. In these early days of settling, participants experienced such emotional turmoil that they described this period as like being on a “roller-coaster”.

Emotions on arrival.

Finding suitable accommodation was not the only emotionally charged issue for the migrants. Once settled, the participants had time to contemplate the enormity of their decision to move to WA. This was not apparent to Carolyn until she appreciated that she did not feel *at home*:

I was feeling the unhappiest I have ever felt in my life. Really, really almost depression and that is not like me at all and then I think the culmination was in August when I really, really was depressed. I was crying every day; I couldn't see any benefits for being here whatsoever. It was then the winter here so [I] didn't even have you know the nice sunshine and everything. The children were at school, I wasn't working, we were living in a rental, and our belongings hadn't arrived from the UK yet. So literally all we had was beanbags, a rented fridge and a TV, that's all we had. We were sleeping on blow-up mattresses, I had no washing machine and it was almost, when I look back at it now, almost a loss of my identity, total loss of everything that I was. You know, nobody knew me, I didn't know anybody either, I hadn't even got colleagues at work. You know that you can go to work and have a bit of a whinge about if you've had a bad day or whatever. I had absolutely nothing, didn't even know where the local GP was, I hadn't even got a bank account. (Interview, 01/05/08)

Partners watched helplessly as their loved ones coped with migration in different ways to themselves. Tom spoke about his wife's reactions:

My wife had a real hard time when she first came across here, extremely hard time, very depressed. I think the upheaval from leaving family and friends—and we had a fairly settled lifestyle—to coming across to the unknown, she found it quite hard.

(Interview, 28/05/08)

Once in WA, some participants lamented the loss of control that they had in their new life. This was most commonly experienced in relation to their careers and what they perceived as loss of status, respect, and earning potential. Initial brief glimmers of hope were punctuated by the feeling of moving backwards, like trying to wade through quicksand:

There was times when I could quite easily have cried. Because you couldn't get credit. You know things that people were just falling over themselves to help you in the UK, you know because you had a good credit rating. But over here, you don't have a credit rating, so you know we wanted a loan to buy a car, well, no you can't. It was, I tried to do it on my own, which was probably the mistake. I tried to do it on my own. They said, "No, we have to take into account your rent and you know you just don't earn enough" and that really took me down because I said to my husband, "If they won't give you a loan for a car, then how on earth are we going to get our house again?" and I just felt as if we were going backwards. (Karen, Interview, 10/02/08)

Sixteen participants described the initial three months following migration as an emotionally unstable period. The physical exhaustion of relocation that they experienced coupled with the psychological strain of adapting to a new way of life manifested in various ways. For some, the sheer number of changes over a brief period created self-doubt as to whether the decision to migrate was the right one. This often-negative feeling towards the migration was coupled with periods of feeling positive

about the move: “It was like being on an emotional roller-coaster of ups and downs constantly” (Iris, Interview, 30/07/08). Karen also expressed this sentiment:

I think it’s very much an emotional roller-coaster. There were times when we sat back and thought why on earth are we doing this, you know, and being petrified of what we were doing.
(Interview, 10/02/08)

It took Carolyn a few weeks for the reality of migration to become apparent to her:

The first three weeks, it was all very nice, it was like a holiday, the girls were excited, then the reality ... we were actually living here now ... six weeks after arriving, started to feel very unhappy, unhappiest I have ever felt in my life, almost depression, not like me ... living in rented ... seeing no benefit being here ... loss of control ... but gradually things started to get better. (Interview, 01/05/08)

Many participants experienced mood changes, extremes of emotion, tempered by periods of apathy. Sandy reflected on the mood changes she experienced while adjusting to her life in Australia:

... that roller-coaster of emotions that you go through either before you come or when you get here. Because you do, you can go through every emotion in a day when you’re feeling homesick.
(Interview, 22/10/08)

Eight participants described feeling “overwhelmed” by their initial migration period. This related partly to the move to WA and the changes occurring therein, but for some, the realisation of the magnitude of their decision, and its resulting impact on their lives, was more than they had anticipated. Kay described herself as:

Exhausted. Overwhelming, we’re here now, let me go to bed now and sleep for a week ... because we had a house that we sold as well. We had, in the run-up to leaving, we had various

social nights out, we had a great big leaving party. We had a house that you know was sold and had two days to pack the house up and get everything in a container. We had the dog, we brought the dog with us so running up and down to Heathrow to take him up there and he was really ill and just the run-up to leaving was emotionally so draining and physically so draining and eventually we got here and it's like, "Oh, we're here. Let me sleep." (Interview, 02/04/08)

Pride seemed to play an important role in the way participants dealt with their early experiences and how they controlled the sometimes strong urge to return home. Several participants reported not wanting to appear like failures to their friends and family; or that they did not want to look and feel stupid by migrating only to return home a short period later. Tom, for example, spoke of his need to stay for an acceptable length of time:

We told everyone we were going for two years, as if we went back then it would all look fine, but if we stayed, that would be okay too. Could not really commit to "forever". (Interview, 28/05/08)

Seven participants experienced guilt, fear, regret and anxiety when things did not go according to plan. Those seven participants expressed feeling emotionally overwhelmed in the early days of migration because their expectations of the new life were not met. However, their positive experiences with employment initially seemed to make easier what was otherwise an unstable emotional period for them. Most participants found that the period of settling into a new job was fraught with problems. The flow-on financial implications after migration, especially when coupled with disappointment at job choice, was a significant cause of emotional distress during the first months following settlement in WA. Compared to the other participants, Jenny remained most uncertain about the benefits of migrating to WA at the time of interview:

Can't wait until the children finish school so we can go back to the UK. What a big mistake. (Interview, 14/07/08)

Whereas Joyce felt that she and her family had made the correct decision:

It is the best thing we could have done for both us and the children. Life is just so good here. (Interview, 09/05/08)

The emotions triggered by migration were variable for the participants, with many having periods of stress and sorrow. The issue of emotional upset was a problem for many and was often compounded by financial worries because many participants were not prepared for the cost of their new life in WA.

Financial haemorrhage.

Financial costs to themselves were often not fully considered by participants at the start. Migrating to another country can have enormous financial implications for families for many months at the start (Hughes, 2008). This often an unforeseen or unanticipated aspect of migration; resettlement was described by one RN as “financial haemorrhage” (Nina, Interview, 21/02/08). More than half of the participants felt, before the move, that they had sufficient financial resources to make resettlement comfortable. It was often not until arriving that the reality of their new financial circumstances became apparent to them. Maureen explained:

It’s a lot more expensive now than it used to be. If migrants think they’re going to come over and have a house with a pool and work three days a week and be at the beach every day, they’re in for a shock. (Interview, 05/07/08)

Sam’s experience concurred with Maureen’s:

There are disadvantages to being here in terms of cost, and if I didn’t have a good job then it’s a costly place to live in terms of your dental treatment, your private health cover, the schools that you ... really if you want your kids in a decent school you need to pay for it. So there are a lot of costs incurred that are not incurred in the UK. (Interview, 20/06/08)

Adding to settlement costs were resettlement costs. In particular, some participants had to make alternative accommodation arrangements after finding that the planned housing was not as expected. This sometimes occurred due to the participant misunderstanding geographical distances, misunderstanding leasing terms or finding that an area was not what they had been expecting. Nina aptly explained:

The map looked as though it was near to where we found a rental prior to the move, as did the hospital. When we arrived, it was a different story. It took me 45 mins to get to work each day so we had to move causing even more financial costs for us. What a pain. (Interview, 21/02/08)

Another significant resettlement burden experienced by participants pertained to not having a job or other means of income on arrival. While some participants were able to arrange interviews or employment while in the UK, others had not. Four participants even found that the employment that they had pre-arranged was not as expected. This added another stressor to an already strained situation. Sheena described a low moment when she sought employment:

I said, right, I've had enough, I'm going back, I'm going back. I've had enough of you lot and you're driving me up the wall. This is never going to work. Why have we travelled all the way over the other side of the world for a new life and, it was just pure stress no work, no money and I think we hit that point you need to go to work, we need to get away from each other. I think getting jobs for us, for us personally, was a big, big thing because we needed a job and to earn money. (Interview, 10/09/08)

Resettlement in a new country also meant that many of the important, everyday things that the participants took for granted become extra problems to be dealt with. They needed to organise the basics such as having a bank account or tax file number as these were needed in order to work and earn an income. Many participants found that comprehending the tax system, Medicare, and the need for private health insurance

were major issues they had not always considered before migration, often causing financial outlays that were not expected. Nina described her experience of having to organise these basics in an unfamiliar system and often at a cost:

Having things like the private health cover was expensive.

We never had to pay in the UK for children's prescriptions or a visit to the doctor. I didn't even know about the taxation system here, that you just do your own tax returns and things like that. We didn't know that you had to pay a huge amount if you earn a certain amount and don't have private health. The first time I ever did the tax return I got done by the taxman for about three grand which I wasn't impressed with. But I think it's because we don't fully understand the system and I was doing it myself. (Interview, 21/03/08)

Ways that assisted the participants in managing the financial pressures on arrival were to either secure a job before migrating or to find one soon after arriving.

Finding a job.

Participants found that finding a job, at first, was not that hard. Seven participants secured employment via telephone interviews and were sponsored by a healthcare organisation before leaving the UK. A quick call to the employer and an informal chat over the phone invariably resulted in a job offer and provision of sponsorship on a Business Visa subclass 457. Kay reported:

I emailed the recruitment department and within two weeks, having sent you know the CV over and then had a telephone interview, I'd been offered a job with sponsorship. So it was as easy as that. (Interview, 02/04/08)

Iris had a similar experience:

I sent out an email to all the hospitals originally in the first place and got an answer back, emailed back and forward with them, had a telephone interview which was just crazy, never had that before, and then after that like I got accepted like to come out here. (Interview, 30/07/08)

Applying for jobs in the early days was also different from the UK. For example, in the UK they were often required to submit a curriculum vitae (CV) and covering letter. But in Australia, some employers expected a full history of experience set out against a list of essential and desirable criteria. This was not customary in the UK, as Lilly explained:

I didn't know about addressing selection criteria and so I was surprised that I did not even get an interview. I was so frustrated. I had all the skills and knowledge and they would just say that I didn't write the story and tell them that so I didn't get the job. I was qualified but not being given a chance to prove my worth. (Interview, 30/09/08)

Jenny had similar issues:

There was a post came up there and I applied for it and again I didn't do the selection criteria properly, had my interview and after the interview she said to me, I really felt you should have got the job but the other person that got it had actually done the selection criteria properly. (Interview, 14/07/08)

Addressing selection criteria was something that, once understood, assisted in the participants appreciating a new system that needed to be followed. Taking measures to understand the new systems helped the new migrants to overcome some of the challenges on arrival.

The core essence of *making the move: finding a way*, encompassed the key issues that were influential in the decision-making and settling process of the participants. When leaving their UK homeland, participants often did not give much practical thought to starting a new life in Perth and finding themselves with no home or no income became a stark reality once they arrived.

One key point in resettlement, which is discussed in the next section, is the participants' need for suitable employment as RNs in order to maintain their professional identity or develop a new professional identity in WA. The need for new social connections and cultural adaptation by the participants were central issues from about three months after their arrival in Perth to 24 months into resettlement. The success of *fitting in* created the basis for navigating the journey until a sense of belonging in WA, their new homeland, was achieved.

New Life: Fitting In

Once having arrived in WA and overcome the “teething” issues related to resettlement, participants had then to adapt to their new life and find ways to fit in. Fitting in not only addressed their need to feel accepted in a new environment but also to acclimatising to the differences in lifestyle, culture and work in WA (despite Australia sharing heritage and traditions with the UK). The capacity to meld into new life circumstances enhanced their aptitude to feel socially connected. Boddewyn (1992) identified that some people find it difficult to *fit in* irrespective of apparent similarities. However, it was apparent that the participants needed to fit in socially, culturally and professionally in order to create a new identity. Thus, *fitting in* related not only to aspects of their personal life but also to the re-evaluation and recreation of their professional identity.

All participants described their experiences of seeking new nursing employment in WA. Previously described was the hunt for work to prevent financial depletion, but once money was not a primary consideration, the need to regain respect for knowledge and expertise in nursing challenged participants.

Professional identity.

Establishing their professional identity was identified by the participants as a challenging area during the preliminary months following migration. Professional identity has been described as a pathway developed throughout a nursing career and includes periods of study and experience (Andrew, 2012). Johnson et al. (2012) asserts that a professional identity is created much like a personal identity and provides the individual with a yardstick to measure the achievement of competence, knowledge and skills applied within the context of a professional role. It also provides the individual with a sense of being valued and respected in the workplace (McDonald, Jackson, Wilkes, & Vickers, 2012).

Once participants arrived in WA and commenced employment, some felt a degree of loss of control over their nursing identity. The challenging times of fitting a previous sense of *self*, as a knowledgeable and expert nurse, to that of being “just” a nurse in WA often shrouded resettlement.

MacIntosh (2003) recognised that *experienced nurses when moving to new clinical areas often become relative novices*. The transition for the migrant RNs into new areas of work in the WA environment often created feelings of helplessness, loss of autonomy and disillusionment:

I’ve felt quite unhappy with my working life since I’ve been here and I think it’s because of where I was to where I am, and the responsibility that I had and what was expected of me and I get frustrated. (Kay, interview, 02/04/08)

Similarly, Karen reported a dissonance between what she knew and was capable of doing to what she was now doing:

As the district nurse within the team in the UK, I ran a leg ulcer clinic twice a week and as a nurse prescriber you had more autonomy anyway. I had two lots of GP practices that I had to look after. My team were responsible for a

practice of 10 GPs and another smaller one. But you know it was still a very responsible job. I've come here and I can't even deal with somebody's wound care without contacting a doctor, which I find very frustrating.

(Interview, 10/02/08)

Karen and Kay, like most other participants, experienced a loss of autonomy that manifested in a sense of disillusionment affecting how they saw the work environment in WA. Tom also found the transition to the WA nursing workforce difficult and experienced professional dissonance. He was a highly qualified nurse, at the top of the pay scale in the UK, who was paid at the lower end of the pay scale in Australia, despite his skills and experience. He discussed his loss of autonomy and role as a well-paid knowledge expert:

I was in the highest position you can go in nursing in the UK, I was an I grade. So obviously, going from an I grade, [and] knowing I was going to the other side of the world to a clinical nurse post which was probably equivalent to an F grade in the UK, was quite a big salary drop. And also, [from] a supervisory role, I was going from being the manager to being one of the Indians again. I did not feel wanted or needed by my employer, as anyone would have done.

(Interview, 28/05/08)

Although 17 of participants had more than five years of experience as RNs, more than half of them described feeling unskilled or unsure of their abilities at times. Their insecurity as nurses was related to the difficulty they had adapting to a new role and new working environment. This caused some of them to lack the confidence to voice concerns or raise practice issues because they still felt "new" or "junior". Maureen felt that:

[A]s I was new, I did not feel able to suggest an alternative way of doing things. In the UK, we would have done it differently and

quicker. But now the same job takes six hours ... we would have had in and out in half an hour [in the UK]. I couldn't say our way of doing it back home was the right way. (Interview, 05/07/08)

The issue of not being able to perform certain nursing practices, which were a given in the UK nursing context, was also an issue for the participants. Carolyn explained her feeling of being restricted in her practice:

UK nurses had this stigma that they were superior to Australian nurses. Obviously, you know, we do [have] enhanced skills but some of the hospitals here do and some don't. It's very hit and miss, there's no standard practice here, that's what I've found ... it's all very higgledy-piggledy and so I found that a bit frustrating when I came over here. But I couldn't do, wasn't allowed to do, those expanded roles. It was like, "Oh god, another UK nurse wanting to do this", you know almost like that. (Interview, 01/05/08)

Nina told of being chastised by another staff member when she undertook a task she had done many times in the UK because she had not completed the hospital competency of feeding a dysphasic patient.

God, it was so stupid ... I have fed like a 1000 patients who had a stroke and had dysphagia, and now she said I had to do some stupid learning package to feed patients. (Interview, 21/03/08)

Sam also found herself restricted in her nursing practice, but agreed with the scrutiny to ensure new nurses were safe to practice:

It's a competency thing and they have to, and I don't blame them for that. I think it's quite right and proper. They have to assess that people who are saying they've got advanced skills, have, especially nurses who are saying they've got advanced

skills when they do not know those nurses and whether they have advanced skills for this country, especially in Western Australia. You can't have people doing extended roles really because they say they can. (Interview, 20/06/08)

New employer, terms and conditions.

Another consideration when attempting to re-establish a professional identity was accepting a new workplace and conditions. Some of the participants described unmet employment agreements; having accepted conditions that were not what was anticipated often became a point of tension. The ease with which they acquired employment was quickly quashed by the reality of the job they had agreed to undertake. Sam, for example, found a mismatch between the job she expected and the actual job offered:

Bit of a bizarre thing happened there really because when, when I applied for that in the UK, they interviewed me for that job over the phone ... And when I got here I had an offer of a job there and I went down to have a look and decided not to go and work there. There were a few reasons. Before I came out, they wouldn't confirm what sort of salary they would offer me, they wouldn't tell me my working conditions. They wouldn't ... er, really tell me anything about what was going to happen in terms of, it's quite important to know what sort of salary you're going to get when you come out somewhere. They wouldn't tell me anything like that and because of that I had a look around to see where else there was to work. (Interview, 20/06/08)

Kay described her dismay at the actual duration of the job despite the contract she thought she had signed. That is, Kay expected a contract of four years, but on arrival realised she had a job for only one year. This did not compare with what she had been told prior to arrival:

I came out on a sponsorship visa originally and it was supposed to be for four years. Got to the country, got to the hospital, went to sign my contract and they said it was only for a year, and I said, “Well, I’ve already signed.” I had paperwork, everything, for four years and they said, “No that was a mistake as we’re only offering you a year’s appointment” and I thought, “Well that’s no good to me” as I didn’t drag my family half way across the world on a sponsorship visa for one year. (Interview, 02/04/08)

One participant not only described disappointment at work conditions but agreed to work in an unfamiliar clinical area. Jenny explained:

Probably my fault now looking back, I think you get swept along with the whole thing of migration and you jump at anything that’s offered at you. Unfortunately, I jumped for a job that I should never have taken. I’ve got heaps of experience in a broad range of things and they put me in the eye clinic. No experience with eyes, told them so, never even done eye nursing in my student time, not a clue. “That’s fine we’ll train you up,” that’s just what we want. They wanted someone fulltime to fill the hole—didn’t matter what experience I had, “You’ll do, come in, do the eye clinic.” (Interview, 14/07/08)

Other participants also discussed the issue of not working in an area in which they had specialty knowledge and skill. They did not feel comfortable in a new country, new hospital and in a new field of nursing. Joyce described a scary experience when trying to work in an unfamiliar context:

So I thought, right, I’m going to go for a complete change, I’m going to go and work in a hospital. I started three days later but it was the most terrifying experience in my life.

My feet were stuck to the floor. I couldn't move ... I was like, I don't know what I'm doing. I don't know how I got through it. I thought, I'm out of my depth here, and I went back for seven shifts and within that seven days I realised this isn't for me as I was completely outside my comfort zone. (Interview, 09/05/08)

Karen also described the unfamiliarity of working in WA nursing environments that were quite different from those in the UK:

I tried practice nursing—over here's not the same, so here I am doing something completely different to what I was in the UK. I was not great at the start but I'm getting used to it now. (Interview, 10/02/08)

Role differences.

Not only was getting used to working in new environments problematic for participants, but role differences between staff members also caused confusion. Care-aides or nursing assistants bore little resemblance to the nursing auxiliaries or healthcare assistant roles they were familiar with. Lenny was confused about how his role as an RN related to the role of care aides. Initially he had poor understanding of his role, including delegation:

Care aides just arrive, who allocates them to work, what they do, is a mystery to me. I'm on a medical ward which I don't know if it's because the medical's a bit heavier because it's more old people we kind of tend to see them turning up. I don't know who tells them what to do. Then someone says you are their supervisor, yeah! Sure I am ... (Interview, 24/09/08)

Dora was representative of four participants when she explained that she believed the impact of different levels of staff meant better patient care as there appeared to be more RNs on each shift:

It was different here again because they don't have auxiliaries as such, so I think you're maybe taking a step back as a nurse here. You're not doing as many skills, you know, technical skills as you were in the UK. Whereas here you're more doing your personal hygiene and looking after the patients, more patient focus, you have more time for the patient, which is really nice for a change. (Interview, 31/10/08)

For three of the participants, the sense of frustration and role confusion was compounded by having accepted sponsorship visas that meant they worked as agency nurses. Agency positions involved working for an organisation that offered employment on a casual basis. Thus, nurses in this form of employment moved between hospitals for each shift, as necessary, depending on the needs of the healthcare provider. This interchange exacerbated their sense of frustration as they often found themselves having to adjust to different ways of working within different organisations. Maureen explained a difficult position in which she often found herself:

I felt that, you know, I was walking into the ward as a complete stranger and they would give me the sickest patients to look after and sit at the desk and do nothing themselves and I really professionally felt if I was in charge of a ward I would not give a complete stranger the sickest patients; I would want to know what their skills were. (Interview, 05/07/08)

When working for an agency, the participants found themselves constantly having to adapt to new environments and of feeling unsure about their levels of skill:

They just assume that you know what you're doing and it's very hard when you first come to somewhere and you don't know the routines, you don't know the layout, you don't know how things work you don't ... Even things like the names of antibiotics, it's just ... and drugs. Yeah, and it's really scary when you first come here. (Clara, Interview, 12/08/08)

However, working in an agency arrangement also had its advantages, including not feeling embroiled in local politics:

Yeah, but it's nice not to have to get involved in any arguments because I'm just there as an agency nurse. I do my job, I do it well as far as I'm concerned and I just go home again. (Clara, Interview, 12/08/08)

Although the participants recognised that things were different in WA and often compared the UK ways of doing things to the Australian way, they only did so to themselves or with other UK nurses:

There's things here that happen that you wouldn't see happening back home ... I mean, you hear about them being down there in ED for days and days. That would never happen back home but I dare not say anything except to others from the UK. (Lenny, Interview, 24/09/08)

The participants had to overcome many changes and challenges in regards to new ways of working and the development of a new professional identity. With a new professional identity came professional challenges for most of the participants, with a sense of *fitting in* often based on both their past and present experiences. Finding a nursing role within a new structure was the first step for most of the participants, with many frustrated by their nursing role in WA. Although the issue of establishing a new professional nursing identity was significant to the essence of the migration experience, the need to replace family support left at home and to find new social connections to create a sense of “feeling at home” in WA were also significant. This need for social connections was a prerequisite for *fitting in* to their new life.

Social connections.

A social connection can be described as a relationship with another based on familiarity or common interests (Bandiera, Barankay, & Rasul, 2009). Social connections for the new migrants in this study included making new friends and adapting to new ways of living—both necessary requirements for creating a sense of

fitting in in WA. Friendships were vitally important in assisting the migrant to resettle in a new homeland, as other researchers have noted (Lamont, 2012). Such friendships often replaced extended family and lent support to the migrant during the turbulent period of resettlement. Westcott (2012) termed this the rupture of relationships for the migrant family. The desire to form and maintain social bonds is among the most powerful human motives, with happiness researchers considering that the quantity and quality of a person's social connections, including friendships, relationships with family members and closeness to neighbours, closely relates to wellbeing and personal happiness (Walton et al., 2012).

Family.

Separation from their family members played a significant role in social reconnection for the participants. Nineteen participants, however, migrated with family. Karen migrated with her husband and two children and was very glad to have them with her:

We had each other at the start so that was fine. It was good to get to know people but at least we had each other for those initial weeks when we knew no one.
(Interview, 10/02/08)

Annie also found that her husband and children were a constant support in the early days:

I don't know what I would have done without my husband. I could never have come here on my own. We needed the family together to make this work as we knew no one here ... if it wasn't for the children we may not have made such an effort to go out and about and meet people. (Interview, 12/10/08)

Those with younger children often made social connections faster through participation in school and club activities with their children. Kay found that her children, aged 11 years and seven years, settled quickly into the WA lifestyle and

that as a consequence of taking children to activities she developed social connections quickly and made new friends:

Oh, they're Australian already. They love it, they absolutely love it. I mean my son's just in his absolute element. They have so many new friends ... and us too through their friends. (Interview, 02/04/08)

Nick settled and made new social connections through his children's sporting activities. The local athletics club became the centrepiece of family engagement in the community. Nick spoke about the happiness he experienced at making new friends as well as sharing an interest with his children:

The girls like to do athletics ... Oh, they love it here. We all go there on a Saturday and sit and chat to the other parents. Really nice people. Such a friendly group. They have social evenings, too, so we all go together. (Interview, 05/10/08)

Jenny and Lenny, however, found it difficult to disconnect from their respective extended families in the UK. This, in turn, hindered their ability to make meaningful new social connections in WA. For Jenny, this may have been attributed to the guilt and sorrow of leaving her two older children in the UK as these two older children had decided not to come with the rest of the family. Jenny explained:

They were meant to come with us but at the last minute changed their minds ... so I have two children here and two over there ... not good ... can't really settle and get on with things constantly worrying about them. (Interview, 14/07/08)

Lenny had parents in WA but did not get on with his father so did not feel he had a connection to family. He had also recently split from his girlfriend in the UK, decided to migrate alone and then felt regretful:

I shouldn't have come on my own. I see how it could be
but I don't have anyone to share it with ... I'm on my own
a lot. (Interview, 24/09/08)

Resident family offered support for some participants in the early days following their migration to WA. However, creating meaningful friendships was also an important factor to ensure success in connecting socially.

Making new friends.

Many participants described difficulty in finding new friends in WA. They often felt on the outside of existing tight social circles. Even when invited by casual and new acquaintances to join in activities or outings, there seemed little room for newcomers. A few participants described the odd feeling of encountering "transient friends". Transient friends seemed to serve a purpose for a defined period during the participants' orientation and socialisation into the WA context. Transient friends included short-term work associations and friendships driven by a common need (such as new migrants meeting via Internet sites and sharing their early experiences of migration). Sheena explained that in the early days she and her husband needed to make an effort to fit into established social networks:

We made an effort to meet up a few times when we
first arrived, when we were invited, but I got the
impression that they had enough friends. We quickly
realised that we needed to connect with others in our
same situation. (Interview, 10/09/08)

Linda found that they tended to socialise as a family in WA more than they did at home, which helped her at the start because finding meaningful relationships was hard:

We met lots of people but not really our sort. Would
not have had anything in common in the UK so why
bother here ... yeah, it took a while to find our sort of

people with things in common. I was glad we had each other. (Interview, 15/10/08)

However, for some of the participants there existed a strong feeling of acceptance and, therefore, connection because of the friendliness of locals who demonstrated a willingness to offer assistance and who generally welcomed them to the country. Iris said that her neighbours smiled and came over when they moved in:

I didn't know the people in the houses around me at home because life was real busy and the weather often kept us indoors. Here, people seem to be out in the garden and you can't help but smile, wave and stop for a chat. (Interview, 30/07/08)

Maureen smiled as she spoke about the friendliness of the teachers and mothers at the local school who welcomed her and her children. Maureen says: "It was grand, they were easy to talk to—well, we had the kids in common ... it helped that I didn't get a job straight off so I could do some stuff at the school." (Interview, 05/07/08)

Being welcomed at work and going to work functions also assisted three of the participants to develop social connections. Sandy said:

And we're just work friends, yeah. And then on our induction day (his wife's a nurse as well, she works in intensive care) and so I met her the day we all had induction and we've been best friends ever since. She was so helpful at the start in guiding us this way and that as she had been here six months longer. (Interview, 22/10/08)

Carolyn also found that others made an effort to connect with her, even if on a superficial level. In her first week at work, she was greeted by a stranger:

I'd sit in, in the canteen by myself because I didn't know anybody and people would come up to you and go, "Hi,

haven't seen you before. How are you?" and I'm going, "Oh my god, I'm just not used to this you know." People were genuinely friendly and welcoming you know, "How're you getting on? ... do you know your way around?" and that, that really helped you know. Just pinpointing places to go that were nice and lifted your spirits but I just didn't feel that I was really here. (Interview, 01/05/08)

Joyce described the importance of hearing a familiar accent at work and finding a connection to home:

I was sitting there and I heard this Scottish voice ... we had a chat and she asked if I was any relation to Sue ... "Yes, it's my husband's first wife"... couldn't believe it ... she was really nice to me. She understood what I had been through. (Interview, 09/05/08)

The researcher reflected on an incident that also affirmed the desire to find comfortable familiarity among the new:

It was after work one day, quite soon after arriving in Australia and I was trying to once again gather things we needed for the rental. I'd quickly popped into the shop, looking at faces but seeing nothing familiar in the crowd. Then all of a sudden I saw a face I knew! It was the cleaner from work. I didn't know her well but it was such a nice feeling to see someone I actually recognised. (Interview, 01/02/08)

The firm.

Many participants discussed friendships from which the term *the firm* was apparent in the data. *The firm* refers to the associations the UK RNs developed with other new migrants and the support networks within these social groups. Some participants

described working in at a particular hospital as being like “little Britain” because it was a preferred employer for many migrant nurses. Lenny described the strange experience of not detecting significant differences between the UK and Australia because British people surrounded him:

No, I don't think it is [very different], because you go into that hospital and you're lucky to find an Australian person. Do you know what I mean? So, there's so many people in the same position. (Interview, 24/09/08)

The firm was seen by participants to provide a trusted alliance presenting commonality and a shared experience. Without having a history or deep understanding of each other, members of the firm offered advice on migration and settling into Perth, such as recommending employers, housing options and areas in which to live. In some cases, the firm was a source of transient friendship and in other cases it provided the basis for friendships that extended many years beyond the initial pragmatic function. Sheena found one of these initial connections to be long lasting:

I met her quite by chance at the school when I was dropping off the kids. She had been here a bit longer than us. We just clicked and we are now great friends. (Interview, 10/09/08)

Karen also found many friends in the same situation as she was:

We all arrived within a month of each other ... we had nursing in common, all had children of similar ages. We ended up sharing information about all the new things you have to sort out here. I couldn't have coped in those early days without them. (Interview, 10/02/08)

However, Lenny, who migrated on his own, found it hard to fit in socially in the early days. His difficulty in making new friends contributed to his isolation in the initial months following migration. Lenny said:

When you're here by yourself you always think, right I'm off this day—what can I try and do or who can I do something with. Do you know what I mean? But I haven't got anyone. I've got my mum and dad but it's not the same as going out with your friends. Even like back home, I didn't go out that often but you always knew someone was there. You could pick up the phone [and] there'd be plenty of people to go out with. That is, that's the hardest thing I'd say for anyone. (Interview, 24/09/08)

During the period of finding social connection, Lenny also felt “unseen”; that is, he felt devalued or invisible within his new environment. Lenny described his experience as “difficult” during this vulnerable time:

People like they're all right with me you know but you just feel like if it wasn't for me making the effort they wouldn't care whether you were there or not ... do you know what I mean? That's the hardest thing I've found. (Interview, 24/09/08)

Familiar resources.

The need to develop social connections through friendship was important for all participants but only played one part in their feeling socially connected. Participants referred to needing to access familiar, everyday resources, that is, shopping centres, medical services and schools. Carolyn also found this transition to the Australian way of life very difficult:

Everything was so very different to what I expected it to be. I expected it to be I think very much like the UK—same culture, banking would be the same, shopping would be the same and

at six o'clock at night nobody was around. It was like, "Where does everybody go here?" I felt very isolated at the start to be honest with you, extremely isolated. (Interview, 01/05/08)

This need for familiarity played an important role in the participants' resettlement choices and subsequent satisfaction with their new homeland. Sixteen participants highlighted the differences in retail choices between the UK and Australia, particularly no Sunday trading at the time of the study, and no 24-hour shopping in supermarkets. Also, no longer being able to access UK-specific stores such as Next (clothing) or Marks & Spencer meant that a number of participants were pleased to be able to shop online while others relied on parcels from friends and family containing needed items such as UK chocolate and branded underwear. Barbara was not impressed by the retail choices in Perth: "All retail stuff irritates me and disappoints me" (Interview, 22/08/08). Sheena was also disappointed by shopping choices:

Clothes are horrible unless you're a size six and you can go and get the Roxy stuff. I've actually just been online; my friend shops online in Next and she sends them over. Love the sporty type, the surfing-type stuff but they don't always fit people over a size like 10 and 12. Food—[there is a] poor choice of fresh meat and vegetables and, supermarkets are still back in the early eighties. (Interview, 10/09/08)

Finding suitable schools was an initial concern for participants as 19 had arrived with children. School systems were not the same as the UK and some had problems enrolling in the school of their choice. Nina told of her experience:

If you don't want to pay, you have to enrol in your nearest school but if you move out of that suburb you're supposed to put them into the nearest [local] school. They're no longer entitled to actually go in there [to the first school]. Some schools are worse than others. Some don't have any spaces. It

was not easy at the start sorting it all out. (Interview, 21/02/08)

Carolyn chose the private school system by enrolling her children in a church school:

We were really lucky to get the girls in as there is a waiting list. Some have been on it for years. There just happened to be spaces in their year at the right time. We are not used to having to pay. It costs us about \$12,000 a year for the two, which is much cheaper than private education in the UK. It's all so different but we are getting used to it now. (Interview, 01/05/08)

Navigating health care and private health insurance was also complicated for new migrants who were familiar with the UK National Health Service (NHS). Sandy was surprised that you could go to any general practitioner (GP) and did not have to commit to one:

This doctor shopping is a weird thing, because they can go to any doctor and get prescriptions without another one knowing. It's a recipe for disaster. (Interview, 22/10/08)

Maureen was surprised at the cost of everything to do with health care:

You have to pay for everything, GP appointment, meds, even for the children. Some GPs do this thing called bulk billing so you don't have to pay for the children, but that's not all of them. Makes you appreciate what we had with the NHS. (Interview, 05/07/08)

Nina found out the hard way about the need for private health insurance:

We called an ambulance and got a bill for \$500 when we could have got health insurance to cover it for \$50 a year. No one ever tells you those sort of things until it's too

late. We now have health insurance that covers all sorts of things or we could get slugged by the taxman at the end of the year. People need to know this sort of stuff.

(Interview, 21/02/08)

As well as organising schools, GPs and private health insurance, financial matters, including banking, had to be attended to. Joyce tried with difficulty to obtain an Australian credit card:

We had to have a 100-point check [which was] fair enough but they wanted a \$6000 deposit for six months so we could each have a credit card with a \$3000 limit each. Our credit rating in the UK was worth nothing. We had money in the bank but that didn't matter. It was like being 16 and starting again. (Interview, 09/05/08)

Sheena also found financial matters complicated especially when it came to tax time:

This was all new and strange. We went to the taxman, as friends had told us this was what we had to do. Well, it wasn't actually the taxman. It was more like an accountant who helped us. We got heaps of money back ... had to produce receipts for this and that and answer a million questions. Much easier second time round. So glad someone explained it all early on. (Interview, 10/09/08)

Nina was not so fortunate:

No one told us ... we submitted our tax form as I had always done it in the UK. He wanted \$4,000 from us for unpaid tax—mostly to do with something called the Medicare levy that everyone has to pay. If we had taken out private health insurance, we would not have had to pay this. Next time we will

go and get someone to do it for us. Just me being stubborn thinking I could do it fine. (Interview, 21/02/08)

Making new social networks for the participants were navigated with varying degrees of success. These connections included extended family support and making new friends. Participants also had to become familiar with new shops and services, which were all requirements to fitting in in WA. Social connections assisted the participants to settle into the new country. As well as fitting in socially, participants had to adapt and fit in culturally in WA.

Cultural adaptation.

Migration was a time of transition for the new migrants. Being able to adapt to a different culture was more challenging for some than others but all described needing to adapt in some way in order to feel accepted in their new homeland. Chang et al. (2011) described this period of transition as a time for new social learning leading to adaption to the local environment.

Fitting in culturally.

Over the period six to 18 months following their arrival, the participants experienced periods of upheaval related to adapting to a new culture, including ways of doing things: in essence, a cultural disruption. Most participants were exposed to some degree of cultural disruption and found that they needed to adapt in order to fit in. Iris identified a few Australian cultural norms as alien to her and admitted feeling confused initially as everyday speech was different:

When I got to work each day, my new work colleague would say, "How are you going?" To start with, I had no idea what she meant as I had only just got there. It took me a while to realise that what she meant was, "How are you today?" Now I find myself saying, "How are you going?" (Interview, 30/07/08)

Maureen was also confused by terminology. Once when invited to a friend's house, she was asked to "bring a plate":

I thought they may not have enough plates so we had to bring our own. I was so embarrassed when I realised that everyone invited brought a plate of food, not just an empty plate. (Interview, 05/07/08)

Other simple items proved confusing in the early months, as Linda shared:

I kept getting mixed up when someone said to put on my "thongs". Thongs are knickers in the UK, not shoes. I was also discussing bed linen with a colleague and she explained that this is called manchester here ... strange word for bed linen. I'm sure I'll get used to it eventually. (Interview, 15/10/08)

Differences in normal everyday language often confused participants at the start but Sam identified inappropriate language as well as adult themes as more common on TV in Australia:

They swear a lot more here [WA]; their television is very unrestricted compared to the UK. Things that you see on the TV you would never ever see before nine o'clock at night. There's like a watershed of nine o'clock where bad language and sex is never shown on channels in the UK, whereas here it's you know one o'clock in the afternoon [and] there could be an X-rated movie or an MA that my daughter could tap into, which I would be very unhappy about. (Interview, 20/06/08)

Nina also discussed the adult-themed comments on radio, which she felt her children were exposed to:

The radio here is so bad. You really have to be on your guard with kids in the car with breakfast news followed by ads about erectile dysfunction, sex aids or VD. (Interview, 21/03/08)

While the language and content on television and radio concerned the participants, Sam admitted to becoming used to it:

It's the way people just swear all the time ... swearing just generally, people swear a lot even on the radio. They don't think anything of swearing at all. It doesn't really bother me anymore as I seem to be getting used to it now. (Interview, 20/06/08)

A more positive Australian cultural norm embraced by participants was the outdoor lifestyle and meeting up with friends to enjoy a barbecue. The good weather encouraged families to socialise outdoors more than in the UK. Tom found that socialising in WA was very good:

Families tend to stay together and socialise together a lot more over here. We go to each other's houses and just get the barbecues out. It sounds a bit cliché but that's how it does happen and that's what is really good. (Interview, 28/05/08)

Lilly also loved meeting up with people for barbecues but was concerned about the lack of transport, with friends living nearby in the UK:

I love staying at home at the weekend and having people over ... cooking in the garden. We can have a bottle of wine and not worry about driving. Unfortunately, most of our friends are not within walking distance so someone always has to drive. (Interview, 30/09/08)

Nick also found transport an issue which affected their social life:

You have to take the car ... someone always has to drive and not drink. We went to friends six months ago and I ordered a taxi to take us home ... and am still waiting ... haven't bothered since so we just take turns to drive.
(Interview, 05/10/08)

Socialising was a positive experience for most participants but Sam raised the issue of the culture of alcohol in Australia and how it differed from that in the UK:

They also drink, they drink. Yes, oh my god, I can't believe how much people drink. It is a cultural norm to drink alcohol and they don't think twice about it. (Interview, 09/05/08)

Iris also identified the drinking culture in WA as something new to her:

At home we may have gone to the pub once a month for a meal and a glass of wine ... maybe the odd bottle of wine at home ... Here we go out to friends at the weekend to their house for a barbecue ... have a great time but drink so much wine and beer. Think my liver needs a rest. (Interview, 30/07/08)

Differences in the amount and place of drinking alcohol were not the only cultural aspects that participants noted. Joyce also was shocked the first time she noticed someone in the local supermarket with bare feet. She explained:

I'm afraid I kept staring as I thought I was seeing things. The first time was shocking, then I just wondered whether they washed their feet ... How can they walk on the ground with no shoes on ... In the summer the ground is

burning so they probably burn their feet. (Interview, 09/05/08)

Linda found the lack of footwear amusing:

Their feet are so dirty but walking in the local shops with no shoes—okay the beach is fine, but not the shops. (Interview, 15/10/08)

One more cultural issue was of concern for Carolyn—the racism she perceived in Australia. She felt very strongly about the attitudes she heard expressed towards Indigenous Australians:

They're quite racist and the attitude toward the Aboriginals is unbelievable—I couldn't when I first came. I thought the next step really was genocide there and was really stark and the way that the Aboriginals are talked about, it was really, it was really, I really couldn't believe it. (Interview, 01/05/08)

Dora was also shocked in relation to perceived racism:

I could not believe what I saw; it was a sign with "Japs out" on it. It was there for ages before it was removed; this being a multicultural society too. (Interview, 31/10/08)

Fitting in culturally was important for participants. Sam felt that she, like other new migrants, did not readily understand some cultural norms in WA but found she was happy to comply in order not to be different:

When you go to somebody's house and you're asked for dinner you need to take something with you. So you might take cake; somebody else might take sausage rolls or whatever, whereas in the UK if you ask somebody to dinner

you would never expect them to bring anything with them. They would come to dinner; you would provide everything. Somebody may have brought some flowers or a bottle of wine or, or some After Eight mints, but you would never expect them to provide one of the courses, which I find completely bizarre—come for dinner but bring your own? Of course I do it, because you wouldn't dare not, would you? Can you imagine turning up at somebody's house and they're having a barbeque and not bringing anything with you? They'd probably not let you in. (Interview, 20/06/08)

Some participants described fitting in quicker than others. Joyce was pleased and surprised with her husband's reaction to adapting to life in WA:

My husband got off the plane and turned into Mr Australia as soon as he landed and never looked back. (Interview, 09/05/08)

Annie found that she adapted quickly and fitted in because she found co-workers were also from overseas and had similar experiences:

Well, I think 90 percent of the staff in the hospital was from the UK anyway. I think the first day I worked there, I worked with somebody from Scotland, and the receptionist was Scottish, and there were loads of English girls, and yeah we were all from the same place. They had similar experiences to me and I just fitted in quickly. I found myself adapting to the Australian way of life easily. (Interview, 12/10/08)

Although cultural issues were more prominent for some participants than others, each had experiences that either assisted or hindered their ability to fit in. In the theme *new life: fitting in*, issues of professional identity, social connections and cultural adaptation, which were necessary for the participants to address and overcome, were

identified. The experiences of the 20 RNs from the UK indicate that while many participants had experiences in common, the emotions through which the migration journey is interpreted were as unique as the participants themselves. Following the need to fit in professionally, socially and culturally, the participants also described a desire to stay in WA and to belong professionally, socially and culturally. These issues of belonging are addressed in the following discussion of the third and final theme, *staying: finding the new me*.

Here to Stay

The desire to stay in WA was expressed by 18 of the participants. Following varying lengths of time to resettle, participants articulated a sense of professional, social and cultural belonging in WA. Their sense of belonging started with making new friends, understanding new ways and finding the right job.

“Belonging” in the context of this study is the need to feel part of a new community (Sommerfeld, 2011), to feel needed and to feel wanted. Belonging was impacted by language, social and economic status, occupation and the place chosen to live, as others have noted (Fangen, Johansson, & Hammarén, 2011). Migration caused great personal disruption because the participating RNs who migrated to WA were displaced and in limbo while they navigated their journey to a new home and developed a new sense of belonging. Belonging had three aspects: belonging professionally; belonging socially and belonging culturally in Australia.

Belonging professionally.

“Being Australian” had a strong professional belonging element. In coming to Australia, many of the participants did not expect to experience difficulty finding appropriate work that was professionally fulfilling for them. Although they adapted to their new surroundings in different ways and over differing time frames, all attempted to belong in a professional capacity by seeking employment within the field of nursing. Many realised only after migrating that finding employment in Australia equivalent to their work in the UK was more difficult than anticipated, with more than half of the participants changing jobs within the first 12 months. Jenny described working her way

through three different roles before finding a position that she felt recognised her capabilities:

Yeah I was still, obviously I was doing a bit here, a bit there, didn't like either of the jobs, none of them. I just hadn't quite found my niche. (Interview, 14/07/08)

Tom also found the first 12 months the hardest in terms of finding a new role within the WA healthcare system, and feeling a sense of professional belonging:

I am now on my third job and have secured my next one starting next month. I hope this one will feel better and will appreciate the skills I have. (Interview, 28/05/08)

Not all the participants experienced a negative transition. Seven had experiences that, over time, became very positive in terms of their obtaining professional fulfilment:

I remember back in the UK a colleague brought back a copy of the National Review of Nursing Education from Australia. I read it and tried to seem interested but all I could think was that I was never going to get a job in education over there. But, five years later, following two other positions, here I am. Education is like my professional home and I could not be happier to be here. (Researcher, Interview, 01/02/08)

Karen was also confident about her professional future and had set new goals in order to accomplish what she wanted to achieve:

I've looked at doing a Masters in Health Care Management because I've, I think, in fact, I'm almost sure now that I know that I don't want to remain with clinical because there's nowhere I can go here so I need to change direction. (Interview, 10/02/08)

Lilly also described a bright future:

I want to complete my Masters, either go back, possibly into teaching but possibly into research. I wouldn't mind doing some more writing actually. I've got a few, few sort of plans, for when the kids are older that I might start doing that. Don't want to go into management at all, got no desire to do that. After my Masters, I will have a break because then I'll probably want to do my PhD after that. (Interview, 30/09/08)

Nina felt that being challenged professionally would assist in her feeling a sense of belonging in the future:

I definitely really want to be a CNS [Clinical Nurse Specialist] on the ward. I definitely want to do that. That is what is now on offer for me here. I feel settled in this area and part of the team. (Interview, 21/03/08)

The need to belong professionally was important for the new migrants. It gave them a sense of purpose in WA, a way of being able to contribute to the community and a way of meeting new friends. As well as belonging professionally, participants wanted to belong socially. Belonging socially enabled them to integrate into the community and appreciate what WA had to offer.

Belonging socially.

Belonging socially was important for the participants as they overcame the difficulties and emotional turmoil associated with the early period of transition to their new home. New migrants were more likely to develop a sense of belonging than other migrants if they were able to leave the past behind, look forward and being able to adapt socially (Flum & Cinamon, 2011).

As previously discussed, participants found the early days immediately following migration challenging at times. The high degree of upheaval was identified by the participants as they struggled to readjust to a new life in WA. Lilly, for example, found

it hard to feel a sense of belonging in WA as family issues in the UK were still prominent and she felt torn between settling and going back. It was hard for her to move forward with her new life and find social connections when she still grieved for the past:

Migrating was one of the most stressful periods of my life. My mum has never accepted it and even now I have lots of stress from her; she can't understand why we are here. Even now, there are periods when I want to go back as I miss my family dreadfully. I didn't think I would miss them as much as I do. There is still that barrier between me and my mum as we were very close. It is hard to get on with life here with this still going on. (Interview, 30/09/08)

Sandy also reflected on some problems during her first year in WA, which affected their ability to settle fully. A police matter, which threatened their safety, nearly shattered their dream of living in WA. She even considered returning to the UK at the time but realised she had come to feel at home in Perth:

I thought I couldn't live here any longer as we were not safe and then I stayed with some friends ... my husband was back in England with our youngest as we intended to go back. Our furniture was all in storage ready to move back. I just lay in bed one night and thought, "No, no we've lost too much already to go back. We couldn't make a life again in England. We'll stay here and sort things out." Anyway, we did and we are still here. This is our home now. (Interview, 22/10/08)

During their early days in WA, six participants experienced an odd feeling of homesickness. This feeling was compounded by missing familiar things from the homeland and often proved very difficult—which is commonly discussed in the literature (Sasser, 2012). Participants reported they no longer felt as though they really

had a place that was home and hence felt their lives were disrupted and unsettled. Clara found the first five months particularly bad until events came to a climax:

Just crying my eyes out because I said to my husband, "I just want to go home, I just want to go home." (Interview, 12/08/08)

Joyce also expressed feelings of displacement in the early days:

We both had our head in our hands and it was just so traumatic and I was saying to him, "I've gave up such a good job and I've gave up my house and I'm sitting here and I don't want to be here." (Interview, 09/05/08)

While most participants ultimately came to regard their new life as an improvement on what they had left behind, their early yearnings for the complete life they left behind contributed to their feelings of homesickness. Some reflected on friends and family, others on professional aspects of their life in the UK. All spoke about an idealised past in rosy terms and were not able to enjoy the positive aspects of their current situation at that point in time:

One thing that sticks in my mind particularly was [that] I got an invitation from a friend who I trained with. We've known each other obviously a long time, nearly 20 years, and she knew that I was here and she knew that I wouldn't be able to go but she sent an invitation anyway for a wedding and that's when I thought, "I don't, I don't want to be here, I want to go back." And I would have so loved to go to that wedding because she never thought she was going to get married and all this and I just really wanted to be there. And I remember, the day of her wedding. I remember sitting in the bathroom, on the bath, on the side of the bath just crying my eyes out and I said to my husband, "I just want to go home, I just want to go home, I don't belong here" but

he just lost it and said, “Right that’s it, we’ll just pack up and we’ll go.” And I’m like, “Oh, what do I do?” because I just got into this routine of being miserable and once he flipped that was it, I thought “Oh shit!”. It made me think about it, “Oh maybe I don’t want to go back home. Maybe this is how it’s going to be now and, right, ok, I’ll get on with it” and (touch wood) I’ve been all right since then and can’t believe I felt like that. (Clara, Interview, 12/08/08)

While coping with periods of uncertainty about their future was important to participants, most also discussed the positive social aspects of living in WA, which became more apparent to them after the first six months. Sheena loved her new social life in WA:

We go out as a family more and really love this fantastic outdoor lifestyle. It was hard at the start but we really have made a new life here ... I even feel like a local. (Interview, 10/09/08)

Nick also has found a social connection that gave him a sense of belonging:

We have some lovely new friends here that we spend time with. We go out lots more here and the weather really does help to make a great life as we can go swimming at the beach, meet up for fish and chips in the park, things like that. (Interview, 05/10/08)

Maureen also shared a social experience and the development of a sense of belonging socially and fitting in:

We would be invited to things and turn up with nothing, like on Australia Day. My husband said to me, “Oh, they’re having a big crackdown on drinking in the street, and people turn up early and watch the fireworks” and in my head,

although I'd been here you know three months, I still expect lots of corner shops, so we turned up, we had our dinner before we went, drove there with two cans of coke for the kids and that was it. Everybody else turned up with heaps of food and drink and deckchairs and eskies [portable iceboxes] and we were just standing there with no chairs, no esky, no drink and I said to my husband, "Quick give me some money and I'll go to the shops and get something." ... I was absolutely mortified, so I now realise to take everything, everywhere you go. I'll know what to do next time. (Interview, 05/07/08)

The ability to belong socially assisted the participants to feel part of the local community. Making friends and socialising with others helped families to fit in. Participants described a settling in period as the time between migration and feeling settled in Australia. This period varied between participants but was generally between six months to two years. Some, however, never settled and returned to the UK within this two-year period (namely, Jenny and Maureen). Participants, once they felt some social connection, expressed the need to understand the WA culture and adapt culturally.

Belonging culturally.

Cultural belonging was important for the RNs in this study as it is to other new migrants (Sommerfeld, 2011). Australian traditions such as ANZAC Day, although new for the participants, was one that they readily embraced. Carolyn loved the feeling of being part of Australian culture:

On ANZAC day, because we're both ex-military people, we went up and we did the dawn service and we were so impressed with the amount of people, you know, how patriotic they are, and then went and had breakfast and saw dolphins in the bay and you just think, oh, this is just idyllic you know, living here it's fantastic. (Interview, 01/05/08)

In order to belong, Tom felt that a bit of effort on the part of the new migrants was necessary:

Literally get out there, do what Australians do, you're up early in the morning, you're out on the water, you're swimming, you try and surf. You enter into the whole culture thing and I think you'll get more out of it than if you just try and live the same life that you lived in the UK coming here, because that just doesn't work at all.

(Interview, 28/05/08)

Clara also found that "getting out and about" was necessary to discover new places and truly appreciate the new land:

We know quite a lot of nice areas now. We like to travel so as many weekends as possible we try and explore different areas and we've bought a tent and a camp and you know get down to basics, get the girls away from the television. So that's quite nice, exploring different areas and seeing the true beauty and diversity of just Western Australia. Just being able to do things that other Australians do, great lifestyle I mean. (Interview, 12/08/08)

Nina felt that her future was definitely in WA and was pleased to feel a sense of belonging culturally:

There are aspects of the UK that I really miss but the majority of things I really do like here and just see a future here for us. We love it and, of course, we'll soon be Australians. (Interview, 21/03/08)

This ultimate act of belonging was also recognised by Joyce, that is, applying for citizenship and committing to being an "Australian". Obtaining their citizenship was a proud moment for participants. Joyce explained this sentiment:

When I got my Australian citizenship that night and I listened to what the man was saying and it was really poignant what he was saying about being, what you're bringing, what you've brought and how you're a pioneer and how you've you know you've been accepted into the culture and I actually walked out of there thinking that "oh I belong here now." I really did. (Interview, 09/05/08)

Belonging professionally, socially and culturally was important for the participants. This sense of belonging enabled them to lead their lives, to fit in and to enjoy the new aspects of life that WA had to offer. This sense of belonging did not happen without a degree of mixed emotions throughout the migration journey. The feeling of happiness at the desire to stay in WA, however, was apparent for the majority of participants following their migration journey.

Here to stay.

Melzer (2011) identified that contentment and happiness were prominent among the emotions experienced by new migrants. Although some had previously experienced periods of stress and sadness, 20 participants discussed the total migration experience for them and their family in positive terms and expressed their intention to stay. Lilly spoke for her whole family:

They love it, I absolutely love it. Don't entertain the idea of going back to England. (Interview, 02/04/08)

Linda felt that things took time to slot into place but that:

Throughout the last three years of course, we've all settled and are quite happy here. (Interview, 15/10/08)

Clara had a shaky start but felt happy at the time of interview:

I still miss the UK but I'm happy now and I love the work here and the rest of the family are so happy here.
(Interview, 12/08/08)

Carolyn also had early settlement issues but came to:

Absolutely love it, can see all the benefits, yes ... Love the whole way of life. (Interview, 01/05/08)

Joyce overcame her numerous housing issues at the start but then reflected on a new routine that brought her immense joy:

I love going to the ocean all the time, even at night, and just sitting watching the sea, maybe with fish and chips ... this is what we love about it here. (Interview, 09/05/08)

Dora believed that migration to WA exceeded their expectations and had no desire to move back to the UK:

It's a dream, it's like a dream come true, it's always been a dream of ours ... I can't think of anything that could happen for us to go back, we're really happy being here.
(Interview, 31/10/08)

Although most of the participants experienced a variety of emotions, most achieved a sense of belonging, even if it sometimes took a number of years to feel truly settled, to feel a sense of contentment professionally, socially and culturally living in WA.

Summary

In Chapter 7, the essence of the phenomenon of migration to WA for the group of RNs from the UK as a whole was explored. The three core essences identified were: *making the move: finding a way*; *new life: fitting in*; and *here to stay*. These core essences, presented as a composite depiction, described the phenomenon of migration for the participants.

The composite depiction explored the migration process from deciding to migrate and choosing a visa to departing the UK and leaving friends and family. Migration was an expensive process and the participants experienced a roller-coaster of emotions during the journey. Finding a suitable place to live in WA was a most pressing concern on arrival and often problematic. The need for a new professional identity while understanding new terms and conditions and changes in role expectations were also challenges for the new migrant nurses. Social connections were necessary for new friendships to develop and familiar, everyday resources helped participants feel more at home. The need to belong professionally, socially and culturally was also important for migration to be a success.

In Chapter 8 the exemplary portrait is presented through Mary's story, which offers the collective experience of migration for the 20 participants and the researcher. This is considered in relation to the literature in the field.

Chapter 8

Exemplary Portrait

Introduction

In Chapter 7 the essence of the migration experience for RNs moving to WA from the UK was presented in the form of a composite depiction. Three core essences were found to be central to the migration experience for the participants: *making the move: finding a way; new life: fitting in; and, here to stay.*

The exemplary portrait to follow captures the in-depth thematic elements of the lived experience of the participants. The exemplary portrait is the signature element of Moustakas' (1990) work. Exploring the phenomena was seen as more than just the thematic analysis of a story but also as a way of making sense of the phenomena in relation to the researchers' experience of the story itself. Kingsley (1998) in her doctoral work on the experience of working in nursing homes identified that:

the individual depiction focuses on the nature of the phenomenon under investigation, as well as the personal experience of the co-researcher. The exemplary portrait, however, focuses on the uniqueness of a co-researcher as an individual, and as a member of that collective of people who have shared an experience of the phenomenon. While the individual depiction asks: "What is the personal experience?", the exemplary portrait asks: "Who is the person behind the portrait?" (p. 121)

The way in which an exemplary portrait is portrayed is dependent on the researcher. Douglass and Moustakas (1985) contend that heuristic work is highly individualistic and that heuristic inquiry is not restrictive in its application. The aim of heuristic inquiry is "to suggest a process that affirms imagination, intuition and self-reflection as valid ways on the search for knowledge and understanding" (p. 41). Thus, each study offers a creative and unique approach to the topic currently under investigation and, with this

knowledge, the researcher presents the following portrait to the reader. The portrait of Mary's journey represents the collective experience of migration for the 20 participants and the researcher.

This portrait focuses on the core essences of *making the move: finding a way; new life: fitting in; and here to stay*, with the researcher's experience as the centrepiece. The literature is drawn upon to validate the exemplary portrait and support the essence of the phenomena of migration for RNs from the UK.

Introducing Mary

Mary was a 43-year-old RN who migrated from the North of England to Perth, WA in April 2004. She migrated with her husband and two children aged 10 and 12 years. Mary had been an RN for nearly 20 years and worked predominantly in the area of emergency nursing. She had recently gained a master degree.

Making the Move: Finding a Way

The experience of moving from the UK was largely a positive choice influenced by the promise of a different life in Australia. Like many migrants, Mary imagined the new life to be better than what she admittedly described as a "comfortable life" in the UK. The allure of Australia seemed to be related to a lifestyle that seemed unattainable in the UK. Kingma (2006) and Ronquillo et al. (2011) in their studies of migration factors identified lifestyle as a key consideration in helping participants arrive at a decision to move. Simple factors including better weather or closeness to the beach provided Mary with the impetus to move to WA. These simple influences of migration are found in the work of Hawthorne (2001) and Pickersgill (2012). Pickersgill (2012) interviewed UK nurses who were seeking new opportunities abroad and found that the lure of a better lifestyle was a central reason for migration. Similarly, Sidebotham and Ahern (2011a) when investigating the reasons for migration for a group of UK midwives found lifestyle factors rather than enhanced employment opportunities were the key motivators for migration. Mary also considered her long-term subjective wellbeing as a major reason for migration (Melzer, 2011). More recently, the recession in the UK with increased unemployment has also made migration to Australia an attractive option for nurses (Buchan, 2011).

Lifestyle factors were the primary motivating factors for migration for Mary and her family. Kingma (2007) noted these influences and termed them *pull factors*. Other factors that are associated with drawing or pulling new migrants to another country include: travel opportunities, increased professional development, a safer work environment, educational or employment opportunities for the family, facilitation with the emigration process, a large expatriate community, family reunion program, better resourced health systems, political stability, presence of family/friends or active recruitment strategies (Kline, 2003; Mazzarol & Soutar, 2002; Thomas, 2009).

For Mary, once the decision to make the physical move from the UK was affirmed, she needed to make the psychological and social adjustments to prepare to leave her familiar home, family and friends. The separation from home, family and friends seemed acceptable because the lure of Australia outweighed her need for the familiar, although Westcott (2012, p. 87) attests that migration may have emotional costs for migrants in relation to disengagement and ruptured relationships owing to distance (p. 87).

Zander, Blümel, and Busse (2013), Melzer (2011) and Tabor and Milfont (2011) identified that migration is a major life change, even when the decision is made voluntarily with the support of family and friends such as Mary had. However, Tabor and Milfont (2011) point out that lack of support and poor familial relationships often prevent the opportunity to discuss the decision to migrate and hinder the migrant's ability to address psychological displacement issues related to leaving.

It seemed that once a decision had been made to migrate, the negatives that contributed to the push to migrate were more noticeable to Mary in her everyday life. It was not until the discussion and decision to migrate had been made, that Mary considered the negative aspects of her community and her work environment. These issues were also highlighted by Kline (2003) and Thomas (2009). These negative aspects of the UK made the allure of a new homeland even more attractive. Kingma (2006) identified these triggers to migrate as *push factors*. Such push factors that motivate people to move from their homeland include high crime rates, out of reach

mortgages, high levels of inflation, and lack of educational or employment opportunities. Birrell, Hawthorne and Richardson (2006) also identify dissatisfaction with the home country as a major push factor affecting the migration decision. Many of these push/pull factors were significant for Mary and her family but little evidence is available in the literature about how reality measures up to migrant expectations.

Research related to pre-departure experiences of migration is limited (Tabor & Milfont, 2011), although it is known that this is a time of stress and anxiety (Gong, Xu, Fujishiro, & Takeuchi, 2011; Ornelas & Perreira, 2011). Mary and her family were no different from other migrants who experienced times of stress in preparing for departure from the UK. Moreover, Mary as an RN had the option to migrate using a temporary or permanent visa. In order to deal with the many stressors of migration and visa choice, Mary decided to use a migration agent to assist with their visa application. Mary felt that the main benefit of this service was to ensure the application form was completed correctly as she had no previous experience of the migration process. Many new migrants prefer not to engage the services of a migration agent or find the service offered expensive and unreliable, sometimes resulting in unsuccessful visa applications (McDonald, 2010).

Stewart (2011) explained the many different types of visas that RNs can apply for when migrating to Australia. These include a Skilled Independent subclass 136 (later to be known as subclass 187), Business Visa subclass 457 and the State Nominated subclass 176 (later to be known as subclass 190), as being the three most popular. Mary chose the Skilled Independent subclass 136 visa.

Mary's decision to move to WA in 2003 coincided with the state's nursing shortage. While watching a television program called *Poms Down Under* (2003) about migrants' experiences on moving to Australia and from listening to friends' experiences of holidaying in Australia, Mary and her family decided to migrate. Personal factors such as her age and RN qualification enabled her to meet the entry requirements for Australia. Nursing, at this time, was listed as "in demand" for migrant occupations (Department of Immigration and Citizenship, 2013b) and offered a quick processing option of approximately six months for a Skilled Independent subclass 136 visa.

The emotional upheaval associated with migrating to WA was complicated by Mary's need to secure employment on arrival. In order to register as a nurse in WA, Mary had to apply to the Australian Nursing and Midwifery Council (ANMC), the then accreditation authority, for assessment of her nursing experience and skills. This migrant skills assessment was required by the Australian Health Practitioner Regulation Agency (AHPRA).

The UK nursing qualification, which gives a broad overview of all areas of nursing, is readily accepted by the Australian healthcare system and Mary did not experience any problems with the skills assessment process. A request during the assessment process for details of all previous experience and qualifications may have lead Mary to believe that these were all relevant but in reality it was only her RN qualification that was required for migration and not post-registration university qualifications and clinical expertise. These issues of educated and experienced migrants moving to other countries and not feeling their previous experience counted were also highlighted by Mancinelli, Mazzanti, Piva, and Ponti (2010) and Mavroudi and Warren (2013). Before migration Mary felt that the prospect of moving to Australia made her nervous about her professional future but it offered a challenge that she was ready to accept.

Mary initially thought of accepting a sponsorship with a Perth hospital, but was advised by the migration agent to apply for the Skilled Independent Visa subclass 136, which offered fewer restrictions on arrival. Although the Skilled Independent Visa took longer to obtain than a temporary visa, it felt a safer option for Mary and worked out cheaper. Mary's decision was reaffirmed when she met Alice later at work in WA. Alice had been sponsored by her employer and arrived on a Business Visa subclass 457, which enabled her and her family to move in less than three months. However, their need to be in Australia quickly cost far more as they eventually needed to apply for a Skilled Independent Visa to stay without restrictions of employer or working hours. Dansie (2012c) agrees that a Business Visa subclass 457 can work out more expensive for migrating nurses. Alice's family had to leave Australia to have their Skilled Independent Visa finalised, costing airfares for the whole family. Mary was pleased

that she had been advised by her migration agent against this approach, and had used the skills of a migration agent from the start to ensure a smooth transition to WA.

The choice of destination for many in this study was made in an ad hoc way as is often the case according to Dywili, Bonner, Anderson, and O' Brien (2012) in their review of the literature about the experiences of overseas-trained health professionals. Mary's haphazard way of deciding on Perth as the destination of choice was no different. She chose her destination after a conversation with a friend who had holidayed in Perth and described it as a wonderful place where people went to the beach every day and had lots of barbecues. Television programs shown in the UK confirmed this image of Perth. Mary also had an acquaintance who had migrated to WA a few years previously and liked what she heard from this friend about the lifestyle in Australia. Most migrants choose to settle near their family and friends (Heikkinen & Lumme-Sandt, 2013). Many migrants are more successful in the process of migration if their destination choice offers a relationship connection of some type (Mazzarol & Soutar, 2002; Ryan, 2009). Similarly, Mary chose to settle in WA because she had a friend living in Perth. Furthermore, Ryan (2009) also found that if migrants have locally embedded relationships the outcome of the migration process is more likely to be successful. Heikkinen and Lumme-Sandt's (2013) study of older migrants might also be applicable here. Heikkinen and Lumme-Sandt found that:

Relationships are a vital part of the everyday lives of ... migrants, and that they are sustained in varied ways. These connections mean a concrete source of help, family affiliations, the sharing of emotions, and a larger social network (2013, p. 198).

Although friendship connections were highlighted as important for new migrants, Bertoli and Fernández-Huertas Moraga (2013) found that the chance of increased earnings also affected the choice of destination for some migrants.

The time between Mary's decision to leave the UK and relocate in Australia included many smaller but essential steps to ensure the move was smooth and her family's

needs were met on arrival. These needs included researching Australia to glean information about housing, schooling, and job opportunities. Vilhelmson and Thulin (2010) surveyed 750 young adults in Sweden to explore the use of Internet-based information seeking practices associated with actual migration experiences and with current plans to move to another place. They found that many of the young adults thought the Internet influenced their migration decision and their choice of destination. Although the instant availability of electronic information can make the migration process easier, there is evidence that relocation brings unexpected hurdles that make the experience complicated and stressful at times, regardless of preparation (Hughes, 2008; Ornelas & Perreira, 2011; Stark & Jakubek, 2013; van der Horst, 2012).

Pre-departure planning meant that Mary did many electronic searches to prepare herself and family for arrival in WA. Mary performed a Google search using keywords including “lifestyle” and “employment”, which returned many results. However, all the initial results portrayed the many positive aspects of Australian lifestyle and nursing opportunities, giving Mary a rose-tinted view of migration and of settling into a Western Australian lifestyle. Bland and Woolbridge (2011) found in a study of nurse migrants moving from India to New Zealand that preconceived ideas of the new country did not always meet reality, and Khan and Watson (2005) also found that unexpected hardships were experienced by a group of females migrating from Pakistan to Canada. The electronic information gathered from the Internet and hearsay from others did not always meet expectations. Moreover, while Bernstein, Park, Shin, Cho and Park (2011) and Sidebotham and Ahern (2011a) described leaving the homeland as challenging from a macro view, the micro view of arriving and settling in is often lost. On arrival, Mary met many obstacles which may appear simple to overcome. However, issues—such as locating a house to live in to the complexity of finding a sense of belonging in a new land—were challenges yet to be met.

Every migrant has similar migration experiences but there may be variations and key elements remembered and interpreted as important to the individual. While the individual migration experience varies, there are areas of similarity (Armstrong, 2005). The physical move of migration inevitably creates geographical distance from people who were once close and dear. Jose (2010), in interviews of nurses moving to the

United States of America (US), found that the need to replace family and make new connections to survive the enormity of migration were paramount.

Developing a human network of friends or acquaintances in personal and professional lives aided in the resilience of migrants (Ogunsiji et al., 2012). Problems related to changing relationships with family and friends over geographical distance are compounded by emotional upheaval, and therefore feelings of isolation (Zembylas, 2012). This side effect of migration also proved problematic for Mary, who coped with the move and loss of a familiar network of people to relocate and build a new structure of support in WA. As Mary felt this was the right decision for her family, she remained positive. While many migrants describe the emotional pain of leaving as not unlike that of a physical injury (Ronquillo et al., 2011), Mary saw the move as an adventure. As the move to WA had been planned for many months, she was personally reconciled to leaving friends and family and, therefore, did not feel too tied by these emotions. Bernstein et al. (2011) found that it was not uncommon for migrants new to a country to find that a perceived lack of attachment to others lessened the experience of severing ties but often surfaced later, causing emotional upset. If the emotional upset is not reconciled, the new migrant is inevitably drawn back to the home of origin (Ho & Kissoon, 2012).

Mary had two colleagues who returned to the UK within 12 months of arrival due to unmet expectations and difficulty adapting to life in WA. Kingma (2007) identified that for some migrants, the process of leaving is never overcome and that some migrants may return to their homeland as a result. Christou (2011) found that the emotional dimensions of migration, including belonging or exclusion, often influenced the new migrant's ability to form intimate attachments to their new homeland. In the narratives of migration used, Christou found that if these attachments were not formed the migrant was more likely to return to their country of origin. The International Council of Nurses (2010) found that return migration of nurses was common and was often a result of expectations not being met. Some of these migrants returned to the UK only to return to Australia again. These migrants are popularly known as "boomerang Poms" (Bonjolo, 2009). This issue of migrating back and forth has been identified as resulting from difficulty in adapting to the new country (Dustmann, Fadlon, & Weiss, 2011).

It was only after arrival in WA that Mary felt disconnection from home. This feeling became tangible: she described it as like being “dropped into an alien landscape” with everything strange, new and not as imagined, and not as her research had implied. The cold hard reality of a new land sunk in quickly.

New Life: Fitting In

Even though the relocation experience was a much-anticipated event, the shock of the new country was disconcerting for Mary. Ward and Styles (2005) described the mental wellbeing of migrants as one of “experienced shock” and typical for migrants—as long as the shock was transient. Not really being prepared for life in WA created a kind of geographical disillusionment for Mary. She began questioning why she had wanted to move so quickly. Her husband, on the other hand, felt immediately comfortable in Australia; he loved and accepted it from the moment of arrival. Melzer (2011) also found that males were quicker to experience a sense of wellbeing than females following migration.

The enormity of the resettlement became real when Mary began to lament her personal removal from the concrete things that made the UK her home, including their house and possessions. Ogunsiji et al. (2012) similarly found that women find it harder to adapt to living in a new country because women experience attachment to personal items more than men. Researchers have found that gaining material possessions resonates through the post-industrial Caucasian cultural context in that having a “home” gives identity, often status and communal ties (Caluya, 2011). Consequently, a lack of familiar resources leads to isolation and depression. Mary’s sense of displacement became apparent when she realised that WA was not as she had expected and she often felt isolated from the familiar. In order to survive in WA, Mary needed to feel that she fitted in to her new life.

In the UK Mary decided to live in one of northern coastal suburbs in Perth following research on the Internet. She and her family rented for the first few months. However, her early experiences with housing did little to help them readjust quickly and settle into their new life. Their first home was rented from the UK, fully furnished, and

provided a home for the first 10 nights. This was a good experience and the comfort of moving into a ready-to-go house allowed them time to pursue work and schooling for the children.

There were not many longer term rentals available at the time of arrival, so Mary felt pressured into taking the first home offered. This house, although they had inspected it, was dirty, cold and dark, with insects in the kitchen. It was a shock, as they had given up a modern house in the UK, which they had spent many years making into a family home. Brunero et al., (2008) and Freeman et al., (2011) similarly found that new migrants' expectations of housing were often not met on arrival. For Mary, the rental housing experience had a profound effect on the settlement period. While insects and dirt may seem inconsequential for some, Mary and others did not expect such conditions in WA.

The settling-in to WA experience was often fraught with tension and stress, taking much longer than expected. Initial off-putting experiences remained in Mary's mind for a long time. Her poor housing experience featured prominently in her journey. The importance of a home in terms of the settling-in experience seemed to rest on the fact that, as with many migrants, Mary arrived in a new country having left an established and comfortable lifestyle. If so, migrants might expect the same in the new country and, if not forthcoming, a sense of devastation, frustration and resentment prevails over the early relocation memories (Caluya, 2011; Cleveland & Chang, 2009; Donnelly et al., 2011).

Melzer (2011) noted that migration is often equated with an improvement in salary and standard of living. However, Mary's decision to migrate was not based on salary, particularly when the UK and Australian currency exchange rate meant that on paper Mary's salary in Australia was lower than what she had earned in the UK. During the settling-in period, despite knowing of the exchange rate, Mary and her family experienced a changing sense of financial security. Part of the ease of the relocation related to the expectation that they would be able to afford the WA lifestyle and have enough money to rely on a single, full-time salary. Finding that this was not the case, and suddenly having to change plans, created anxiety. At the time of resettlement, the

cost of housing in WA was higher than expected and the exchange rate poor. This resulted in both Mary and her husband having to seek full-time employment in order to sustain a lifestyle similar to that they left in the UK. They had left the UK financially secure but, on arrival, the real estate boom impacted on their resettlement as there was an increased number of migrants arriving over this period due to a mineral resources boom (Australian Bureau of Statistics, 2006b; Emery, 2013).

For Mary, her ability to settle in, despite the drawback of housing, meant that she was content to remain in WA. The experiences of settling in is known to play a significant part in whether migrants choose to remain in their new homeland or return to their country of origin (Dustman & Weiss, 2007; International Council of Nurses, 2010). International Council of Nurses (2010) found that many skilled migrants returned to their home country if settling-in was protracted.

Although Mary described some of the early days as being *truly dark* (Bernstein et al., 2011; Ornelas & Perreira, 2011), she ultimately felt settled. Her ability to negotiate these darker periods was helped by the support of her family who largely were able to find the more positive aspects of the settlement process. Archuleta (2011) established that feelings of comfort and discomfort when interacting with unfamiliar people often causes stress, so individuals seek comfort and social inclusiveness with family members. The International Council of Nurses (2010) also note that the proximity of immediate family plays a significant role in facilitating settling-in behaviours in the home sphere, which was significant for Mary as she had migrated with her husband and children. Once settled, Mary then needed to focus her energies on establishing her new professional self.

The need to establish a new sense of self in a new country includes the ability to reconnect with one's identity (Scurry, Rodriguez, & Bailouni, 2013). According to Grant and Hogg (2012), identity is necessary for one to feel part of a group, with individuals being a part of many groups depending on their circumstances. Mary had previously been a mother, wife and a nurse in the UK. While the first two remained constant during the migration journey, Mary's professional self had not been maintained. Finding employment as an RN in WA helped Mary to establish her new professional

self. This, as well as her roles of mother and wife, assisted her experience of social inclusion. Thompson and Rowe (2010) contend that “social inclusion” requires society to actively promote opportunities for the participation of, and access to, communities. Further, social inclusion is mandatory for the social wellbeing of individuals. Feeling socially included impacted positively on Mary’s sense of self and professional identity. Grant and Hogg (2012) identified that if a person has identity that overlaps within their social and professional groups, then integration is often easier. Sommerfeld (2011) also found that acceptance through professional and social integration is important in developing an identity and a sense of belonging to a new country.

The need to establish a professional identity was an important part of integration into the new country for Mary. Research demonstrates that professional cognisance is an important element for migrants in order to establish themselves within the workforce (Andrew, 2012; Johnson et al., 2012; Larson, Brady, Engelmann, Perkins, & Shultz, 2013).

Securing employment in an Emergency Department (ED) as an RN close to her home was a positive outcome for Mary. However, despite nine years of experience as an RN in an ED, Mary was employed at a Level 1.9, similar to a junior level nurse in the UK. This meant that she did not feel challenged or valued in the workplace and three months from commencement she started to seek a new position. These were challenging times for Mary as she found it hard to feel enthusiastic regarding her future, while continuing to apply for other nursing positions more suited to her qualifications.

O’Neill (2011) contends that in the clinical setting, nurses’ proficiency and professional identities need to be acknowledged so that their experience is recognised and they feel supported in their adaptation and integration into a new work environment. Furthermore, Sidebotham & Ahern (2011b) in a study of UK midwives who had migrated to Australia, found that integration into the workforce is affected by a lack of respect for skills and experience brought to the country. In turn, this adversely affects how colleagues treat migrant midwives and often causes them to consider moving to another employer.

Ogunsiji et al. (2012) described the feelings of loneliness and isolation for RNs coming to Australia and of having to begin again with their previous experience not being recognised. Mary expected to come to Australia and drop into a nursing position similar to that which she had left in the UK. However, this was not the case. In the 12 months from arrival, Mary moved jobs four times. She found it very hard to demonstrate her skills in each new environment, having to constantly prove herself. This issue of nurse migrants changing jobs due to lack of satisfaction or expectations was highlighted by Sidebotham & Ahern (2011b) in regards to midwives moving from the UK to Australia. They found that migrant midwives sought professional recognition in their new country. Many struggled to find an employer with the same professional ideology, which often resulted in two to three job changes before they found professional fulfilment. Smith et al. (2011) also found that RNs migrating to a new country changed jobs more than once, constantly trying to fit in.

A consequence of repeatedly having to prove herself meant that Mary felt deskilled, which researchers have previously found is common among migrant nurses and midwives (Bland & Woolbridge, 2011; Schumacher, 2011; Sidebotham & Ahern, 2011b). This feeling of being deskilled and not wanted was also highlighted for nurses migrating from Africa to Australia; they felt undervalued and discriminated against by Australian colleagues (Mapedzahama et al., 2012; Ogunsiji et al., 2012). Dywili (2012) questioned why the Australian healthcare system actively recruits from overseas when workforce colleagues do not feel that migrant nurses *value add* to the system. Buchan (2012) warned that nurses migrating to the UK to find work were often not well treated in their workplace, which affects their ability to resettle.

In her seminal work, Benner (1984) discussed nurses feeling deskilled in relation to skills acquisition, which might apply to migrant nurses moving from one healthcare system to another. In keeping with Benner's model, migrant nurses could experience the novice/advanced beginner stage repeatedly with low levels of confidence in performance, which would affect their sense of professional esteem. Migrant nurses often do not feel competent and question their personal practice; hence, regaining their sense of proficiency and expertise remains out of reach.

Mary exemplifies Benner's model because she often experienced feelings of being a beginner, lacked confidence, and moved along the continuum from novice to not quite competent. Mary, like other migrant nurses, did not feel like an expert nurse. Each time she felt that she needed further stimulation from her nursing role, she moved on, and did not find a new "niche" for herself within the Australian system. She was not often in a job long enough to be seen as a senior nurse capable of far more: one able to question and challenge practice.

Mary worked with many other UK migrant nurses who, like Mary, saw opportunities to promote new and more effective ways of working but felt that local staff seldom supported them in this. Jose (2010) and Ronquillo et al. (2011) similarly found that migrant nurses express frustration with what they consider out-of-date practices in the work environment. Mary described feeling frustrated with not being able to use her skills or have her experience and knowledge of more appropriate practices recognised. Sometimes, Mary was saddened she could not make changes, *or do it better*, without being unpopular.

New migrant nurses can often feel frustrated with not being able to perform skills they routinely performed in their home country. Bruyneel et al. (2013) states that:

there is room for improvement to optimise the use of nurses' time and energy. Special attention should be given to raising the professional level of practice of foreign trained nurses ... (We) need to understand the influence of professional practice standards, skill levels of (migrant) nurses ... resulting from previous work experiences in their home countries. This will allow us to better understand the conditions under which (migrant) nurses can optimally contribute to professional nursing practice in developed country contexts (p. 202).

This issue of recognition of skills was also acutely felt by a group of new migrant midwives interviewed in a Queensland study (Sidebotham & Ahern, 2011b) who found

that medical colleagues disrespected their knowledge and skills to such a degree that at times they felt abused in the workplace.

The experience of professional transition for migrant nurses has been recognised by Dywili (2012), Hawthorne (2001) and Smith (2010). These studies found that migrant nurses eventually experienced fitting in to the workforce to the extent of being confident to critique nursing practice and appreciate the different ways of doing things from the country of origin. Mary came to recognise that she needed to be patient and understand the system before moving on. Mary finally secured a Level 2 (clinical nurse) position, although she felt that this was still below the salary and status that she left in the UK.

The role of clinical nurse was not what Mary thought she would have been doing if asked when she was still in the UK. However, she did feel academically and professionally challenged in that role and that she had the respect of her colleagues. She expressed some regret at the job she left behind, but was realistic that it was no longer hers and that life moves on. This is not where Mary had imagined her professional life would take her, but she was satisfied with the outcome. Cohen, Arnold, and O'Neill (2011) acknowledge that "migration is a diverse and complex process; the loss, recovery and reconstruction of career ... is central in the migration experience" (p. 321). Migration to WA gave Mary a new career and a new life. The ability to find a viable career and be contented with a new lifestyle are both considered to affect the total impact of migration survival as a professional nurse and family member (King's College London, 2007).

The experience of moving to WA, settling in and finding a new professional identity was an emotional time for Mary. Emotions are a way that people express themselves both internally and externally and may be either negative and positive behaviours depending on the situation (Izard et al., 2011; Meshulam, Winter, Ben-Shakhar, & Aharon, 2011; Salmela, 2012). Mary's experience of the Australian way of life was significant for the first six to nine months and brought with it many emotional challenges. In terms of a work by Ho and Kisson (2012), until Mary felt at home, had a

sense of belonging, and attached emotional significance to her new home, she was likely to experience a roller-coaster of emotions.

Mary reflected on the first 12 months in Australia, expressing moments of joy followed by dark days. Bernstein et al., (2011) also found that new migrants experienced dark days, which often leads to depression that sometimes takes months or even years to dissipate. For Mary, the first year was hard, trying to enjoy the work but also missing her friends and family and often feeling very far from home. She recollected sometimes wanting to go back but felt she needed to *give it a go*. Often this period was referred to as a *trial run*; which meant that there was a lack of emotional investment. Allen, Babin, and McEwan (2012) explored the issue of emotional investment in those who sustained relationships at a distance. They found that those who were in close relationships found it harder to invest in a new environment than those who were able to distance themselves from family and friends. This meant that while Mary referred to her time in WA as a trial run, she was likely to experience more emotional turmoil than if she acknowledged that she was in WA to stay. This acknowledgement would mean that Mary had emotionally invested in her new homeland and had severed the emotional ties with the UK (Gowans, 2006; Hernandez, 1998). Hoang (2011) found that women were more likely to be tied to family networks in the country of origin during the migration, which often made coping with the loss of family and friends even harder because family and friends not only provided emotional support but also practical support and social protection.

In the first year of living in WA, Mary had many visitors from home, which had a rebound effect on her settling in and emotional investment in her new life. Mary had her parents, her sister, her brother, her best friend and his wife all visit in the first 12 months. She looked forward to the visits but found that she was more upset every time someone left. At these times, she felt very low and questioned her decision to migrate. Zembylas (2012) contends that new migrants often experience complex emotional processes that need to be addressed to ensure successful integration in the new country. Although Mary had periods when she felt lost and lonely, she was able to develop new networks of friends at school and work. This strengthened her emotional investment in the new country and assisted with settling in. Settling in encompassed

the development of adaptation strategies with psychological and social settlement taking time to actualise. Mary needed to find her niche, professionally and socially in keeping with Sidebotham and Ahern's (2011b) findings in their study of UK midwives entering the Australian workforce. The need to understand and fit in to the Australian culture was precipitated by Mary's need for emotional settlement.

Culture relates to the beliefsexperience, knowledge, values and attitudes that are acquired as part of relationships with others, in particular with families and social groups (Thackrah & Scott, 2011). Burholt, Scharf, and Walsh (2013) confirmed that culture provides a sense of belonging, social interaction within cohesive, safe and secure communities, which ensures the continuation of common values and mores. Culture gives people identity. For migrants, arrival in the new land is confronting and may cause a psychological reaction to the unfamiliar; Oberg (1960) coined this reaction *culture shock*.

This issue of adaptation to a new culture was considered by Diener, Lucas and Napa Scollon (2006). They found that individuals adjust to a new culture at different rates. Experiencing the daily difficulties at times when attempting to reconcile to a new culture brought feelings of impatience, sadness and anger (Bae, 2011; Ward, Bochner, & Furnham, 2001). Diener et al. (2006) established that some people adapt to a new culture by setting personal goals and, although the rate of adaptation to new surroundings was variable, found that most people will eventually reach a period of compromise in resettlement.

Guanipa (1998) proposed five stages of culture shock: incubation, transition, understanding, integration and re-entry. Incubation is associated with euphoria where one is excited by the encounter with all new things. This time is called the honeymoon stage. Next, the period of transition marks the time in which an individual might encounter some difficulty in their new daily life. The stage of understanding is characterised by understanding the new culture. This stage facilitates a sense of psychological balance when the new migrant may not feel as lost and starts to have a sense of direction. The fourth stage of integration involves the ability to weigh up the

new culture, both good and bad. The fifth stage of culture shock, re-entry shock, is relevant if the migrant returns to their country of origin (Bonjolo, 2009).

Mary's initial experience of the Australian culture was more like cultural surprise than cultural shock. Her early experiences and the inner conflict that arose when trying to reconcile the differences between the Australian culture and that to which she was accustomed remained a significant part of Mary's early migration memories. Furthermore, Mary found it hard to feel any sense of belonging on arrival and so had to develop an internal feeling of fitting in.

This feeling of not belonging, of having no connection, stayed with Mary for a few months, as is often the case (Bernstein et al., 2011; Omeri & Atkins, 2002). Australians spoke the same language and drove on the same side of the road, so she did not expect to experience this feeling of isolation. Mary's lack of connection with her new life only improved after she secured employment and regained some professional identity. Professional identity has been found to be important to enabling a sense of cultural belonging for nurses migrating to Australia (New South Wales Nurses' Association, 2011; Sidebotham & Ahern, 2011a).

Cultural changes and challenges are common when people move from one country to another (Borghi, 2009; Kingma, 2006). One of the challenges is understanding the expectations held by others. For example, the Australian colloquialism *to bring a plate* confounded Mary. She explained how different it was in Australia to be asked to someone's house for a meal and have to take food. This was not the cultural norm in the UK. If you are asked for a meal in the UK, friends would consider it strange for the visitor to bring food. Awareness of cultural norms is needed to assist the new migrant to feel welcome (Sussman, 2002). Learning the cultural norms of a new community in order to fit in, however, can provoke social anxiety (Schreier et al., 2010).

Borghi (2009) discusses the issue of giving voice to migrants who have left their home-world. These migrants often experience multiple identities as they contest geographic belonging and come to question their sense of *self*. This questioning of *self* goes so far as understanding English as a common language with the same words not meaning the

same thing in another English-speaking world. Mary found that even the simple question, “How are you going?” was confusing in her early days in WA.

Williams (2012) asserts that positive wellbeing increases as individuals take responsibility for how they interact with others. Mary demonstrated her ability to bounce back from the bad times and to see a positive future even though at times there were mixed emotions. Mary said, “I am resilient ... I did not know I had it in me”. McDonald (2012) found that personal resilience was a key to improving the wellbeing and stress of individuals as well as necessary to ensuring success while adapting to a new life (Calderón, 2011; Julca, 2011). This issue of the development of personal resilience was also highlighted by Glass (2009) in an international ethnographic study that revealed resilience, hope, and optimism were needed to ensure a good quality of life, while McManus et al. (2012) suggested that resilience could be achieved by ensuring good levels of engagement with others leading to a sense of belonging within a new community.

Mary remained very aware of the professional, social and cultural challenges that new migrants have to cope with. Despite her bad experiences, she did not intend to return to the UK as she could see the positives. Mary acknowledged the challenges she had experienced and was conscious of making a difference through investment in the next generation of her family by staying in WA.

Here to Stay

The decision to stay in WA demonstrated that Mary was able to settle in to a new way of life and, once she was surrounded by her familiar possessions, she experienced a sense of belonging. Cloutier-Fisher and Harvey (2009) recognised this need for personal attachment to the familiar when studying a group of women migrants. Once the issue of establishing a home was completed and the home was filled with familiar belongings and personal items, Mary had a sense of having settled in and “belonging”.

Experiencing a sense of belonging and transitioning to feeling “at home” in WA occurred over the period from 12 months to two years from arrival. Sommerfeld’s (2011) investigation of factors important to migrants developing a sense of belonging,

feeling welcomed and accepted, included ethnic identification, cultural attitudes, age, gender and education. Caluya (2011) argued that stability and comfort associated with family and home were important for the resettlement of migrants, while indicators of material success were not as important (Flum & Cinamon, 2011; Ho & Kissoon, 2012; Sidebotham, 2010; Tabor & Milfont, 2011).

Belonging, in the context of this study, encompassed feelings of acceptance by Australians and finding a place physically, personally and professionally. For Mary, belonging socially meant being able to develop new social networks, as others have identified in the migration process (Gill & Bialski, 2011). For Mary, this included networks related to her children and family as well as work. Making friends through the children's school and sporting activities gave her a purpose, a way of meeting people who had things in common, namely children and sport. Walton et al. (2012) found that those with things in common were more likely to have positive social interactions through socially shared goals. Such connections assist with a feeling of belonging to the community (Correa-Velez, Gifford, & Barnett, 2010; Hirsch & Lazar, 2011; Liu, 2013).

Belonging socially was completed through the development of new friends; ones who supported and understood Mary and her family's migration experience. These friends were frequently UK migrants themselves, willing to offer advice and assistance. Gill and Bialski (2011) and Lamont (2012) identified the need for new friends with some type of connection. For Mary, this group of friends was referred to as *the firm*. Some of the firm were transient friends who came and went at different times during the first two years, although each had a significant purpose. Deeper relationships continued with some of these people; ones Mary has come to call *true friends*. Heikkinen and Lumme-Sandt (2013) recognised such relationships with other migrants who have homeland in common and found these transnational relationships are vitally important to help migrants to belong in the new country.

Belonging for Mary also meant being able to appreciate, participate in and enjoy local customs such as sitting on the Perth foreshore watching the fireworks with thousands of *Aussies* on Australia Day or joining with others in King's Park at sunrise on Australian

and New Zealand Army Corps (ANZAC) Day. This issue of joining in with local customs was also described by Duffy (2009) in relation to community events that foster social cohesion and encourage a sense of collective belonging.

In a study of refugee youth in Melbourne, Australia, being able to access familiar resources like the supermarket, buying clothes and visiting the local general practitioner (GP) became easier after the first 12 months and nearly normal by two years (Correa-Velez et al., 2010). So, too, for Mary. She recognised that some things were different, and that a degree of adaptation and acceptance of this difference was required to fit in. Smith et al. (2011), in a qualitative study of international nurses living in WA, similarly found that a degree of personal adaptation was necessary for new migrants to fit in to the WA lifestyle and to truly appreciate the advantages of living in Australia.

Mary felt the lack of a self-identity she felt initially (when she knew no one and no one knew her) changed as she made friends and settled into work that she enjoyed. Her sense of self was re-established. She began to love living in WA. Meaningful employment and fitting in professionally improved her psychological wellbeing.

Professional identity improving wellbeing and the sense of belonging in a new country was identified as important to internationally educated nurses working in the US (Jose, 2010). These nurses adjusted well to their new country when treated with respect by colleagues. Similarly, Mary experienced *belonging* once she felt supported by other nurses who valued her nursing experience. Ogunsiji et al., (2012) found that loneliness and isolation was common for new nurse migrants and therefore impacted significantly on their sense of belonging. They also highlighted the relationship between lack of employment on arrival and integration to the new country and ultimate psychological wellbeing.

The pressure of finding a new professional direction was stressful, but when weighing up the professional obstacles over the personal advantages (Sidebotham & Ahern, 2011b), Mary knew that Australia would remain their home. Mary often had to pinch herself to realise how far she has come—the uphill struggles she overcame to find a

job in which she remained happy. The need for new migrants to be happy in their chosen job was addressed by Melzer (2011), who contended that meaningful employment assists with a successful migration experience, although Lee (2013) purported that new migrants, to some extent often re-event themselves professionally to ensure success in the workplace. Mary needed both of these ways to ensure contentment, finding a job she enjoyed while being able to adapt to a new clinical environment.

Mary demonstrated resilience to the social, psychological and professional challenges she faced in WA. McDonald et al.(2012) found that the ability to develop personal resilience could improve relationships and build support networks in the workplace. Mary demonstrated resilience through the development of meaningful relationships with others and a contented outlook for her professional future (Glass, 2009).

Maslow's (1943) work remains relevant to understanding Mary's migration experience. Once her physical requirements of finding a home and accessing community resources were achieved, the safety needs of her family became a priority. When home and work were secured, Mary turned to finding clubs, friends, and activities to support her immediate family needs for belonging. Finally, once Mary found a new identity in WA, she achieved self-actualisation. This process facilitated achieving a sense of belonging.

Mary developed resilience at both a personal and a professional level and refused to turn back. Time was an important mitigating factor in Mary's transition to WA, with the first 12 months marked by obstacles and challenges. During 12 months to two years, Mary found meaningful employment, developed significant friendships and could see a clearer future. She felt happy and settled in her new home and life with the support of family and new friends.

Summary

In Chapter 8 an exemplary portrait of the migration experience for participants in this study was presented. It covered the core essences, *making the move: finding a way; new life: fitting in; and here to stay*, representing the quintessence of the migration experience through the journey taken by Mary.

The exemplary portrait shows that resilience, a willingness to embrace a new identity and a readiness to adapt to a new life increased the likelihood of a successful migration experience. The key elements are shown in Figure 8.1:

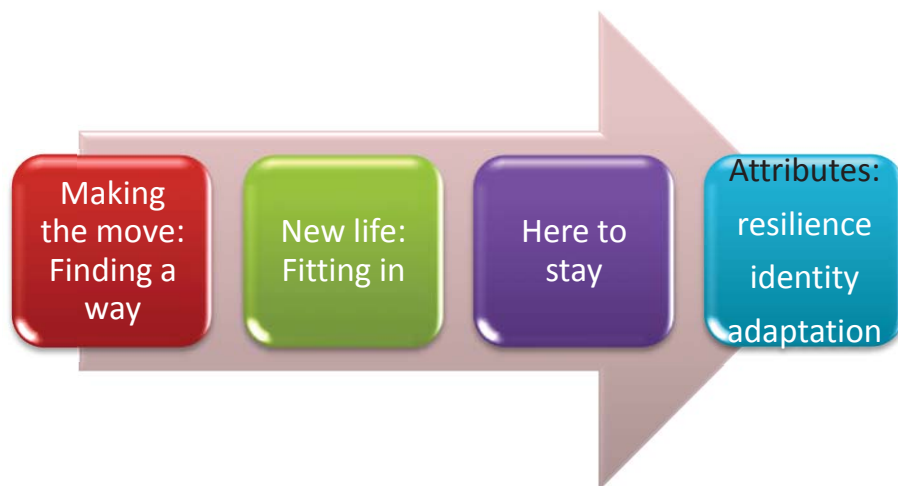


Figure 8.1. Exemplary Portrait depicting the three core essences from the composite depiction and three underpinning attributes leading to a successful migration: developing resilience; building a new professional and personal identity; and adapting to a new life.

Chapter 9 to follow will share the culmination of this study, the final phase of the data collection as well as the final phase of the heuristic inquiry process; known as the creative synthesis. The creative synthesis offers the reader a diagrammatic explanation of the migration experience for the 20 participants and the researcher.

Chapter 9

Creative Synthesis

Introduction

In Chapter 8 the exemplary portrait outlined for the reader the unpeeling of the migration experience of 20 UK migrant nurses and the researcher. This chapter represents a creative synthesis of the participants and my own experience of migration in keeping with Moustakas's (1990) heuristic approach.

The final portrayal of the experience in heuristic inquiry may take a creative form but usually reflects the researcher's journey. Often this journey is portrayed as a poem, a story or a painting but may be presented in any creative form (Moustakas, 1990). I chose to construct a model to represent the experiences, influences and decisions made by UK migrant nurses in this study. The model identifies the lived, physical and emotional experience to enable an understanding of the migration experience.

The Migration Model represents the decision-making process of UK registered nurse migrants in their pursuit of a better life and career in WA. The model was developed after months of examination, exploration and re-examination of the data and evolved from an understanding of the meanings embedded within 21 singular experiences. The model represents a group of 21 migrant nurses who faced the challenges in transitioning their lives and careers from the UK to WA.

Nurse migration: A model for success, identifies that the first step of migration involves a *trigger*, something that affects the person's life, resulting in the need for a change. A decision-making process then takes place between the desires to go, still thinking about migration or deciding to stay, in relation to making the move to an alternative location. This is analogous to a set of traffic lights whereby the red light indicates the decision to stop pursuing migration and remain in the homeland; the amber light represents being in transition, slowing down, looking for a sign, waiting to make a decision regarding the future; and the green light represents the decision to go (or to migrate). Many may decide after due consideration of the push and pull factors, not to make the move but this experience this was not represented in this study.

The second stage of this model finds a theoretical base in the work of Kingma (2006), who proposed that there are push and pull factors that contribute to decision making affecting the choice to migrate. These factors, while numerous, were interpreted by the researcher as comprising four main clusters: financial issues, employment issues, people issues and political issues.

Following migration, the third stage in the nurse migration model for success identified the lived experience of the UK migrant nurse through the core essences previously explored through the composite depiction, which included *making the move: finding a way; new life: fitting in; and here to stay*. This stage also incorporates Mary's journey presented in the exemplary portrait. Three main personal assets were identified in the data analysis as necessary to ensure a successful transition physically, professionally, culturally, and emotionally. The three main coping

strategies were: (a) developing resilience, (b) finding a new professional identity, and (c) having the ability to adapt to a new life.

The fifth stage of the model also is represented like a traffic light. That is, the factors of red (stop in WA); amber (limbo, where the participant remains unsure of their decision; or green (go back to their homeland). This stage again reflects the work of Kingma (2006) as it reconsiders the push and pull factors related to the migration experience of participants. This model captures the unique journey of the UK migrant nurse in this study and has enabled my understanding of my own decisions and journey. The model developed over a few months but the inspiration happened quickly one October evening:

Another night passes with not much progress, as I sit on a cold concrete slab surrounded by 20 large sheets of coloured cardboard; each sheet full of participant's text, highlighted to hopefully assist in making sense of their stories. Then it happened, a huge moment of clarity, the moment of illumination I had read about in Moustakas (1990). The heuristic migration model suddenly came to life tonight, all the pieces of the puzzle finding a place to help the nurse migration journey take shape (Researcher, personal journal, 12/10/2009).

This reflection was taken from my personal research journal around the time that the creative synthesis began to take form. The process of arriving at this moment was complex and, at many points along the way, I felt lost and disillusioned as I attempted to make sense of the larger picture. It is only with hindsight that I reflected and realised that the stages leading up to the moment that I recognised the creative synthesis were largely representative of the heuristic process. In realising this, I understood Moustakas's caution that "the heuristic process is not one that can be hurried or timed by the clock or calendar" (1990, p. 14).

Summary

At the heart of the heuristic process is the core goal of seeking understanding, but to clearly define that concept, an internal search for meaning is undertaken to better understand the collective experience of others. Heuristic research represents a deeply personal process involving the researcher moving between phases of inquiry that ultimately lead to an understanding of the phenomenon.

Over the years of this study, I have worked with 20 individuals and spent countless hours piecing together the migration picture. The experience of achieving this has involved periods of frenetic activity and moments of clarity and enlightenment as well as periods of solitary contemplation and times of inactivity. The result of this deep and constant immersion in the experience of self and others was a personal understanding of the phenomenon of UK nurse migration which has translated into *Nurse migration: A model for success* to capture the complex influences and emotions experienced when deciding to migrate to WA.

In Chapter 10 the conclusion to this study and recommendations for future research directions will be presented. It will also offer practical suggestions for policy makers, employers and potential nurse migrants to improve the experience and outcomes for this important group of the healthcare workforce.

Chapter 10

Recommendations and Conclusions

Introduction

The knowledge gleaned from this study has been captured in *Nurse Migration: a model for success* discussed in Chapter 9. The model embodies the core essences of migration determined in this heuristic inquiry for registered nurses (RNs) in this study who migrated from the United Kingdom (UK) to Western Australia (WA) between 2003 and 2008. The model identifies three key attributes of successful migration: (a) developing resilience; (b) establishing a sense of new personal and professional identity; and (c) the ability to adjust to change. Chapter 10 concludes the emotional and often complicated journey of nurse migration. Recommendations for policy makers, employers, and potential nurse migrants are also presented, and the strengths and weaknesses of the research acknowledged. The main findings or core essences of this thesis follow.

Main Findings

The core essences identified in this study included: *making the move: finding a way; new life: fitting in; and here to stay*. These demonstrated that while the migration journey created the need for psychological adaptation for all the migrants, the physical process of migrating was equally challenging. New migrant RNs from the UK were forced to negotiate accommodation options and arrange basic needs such as health care and schooling for children. For a new migrant, even seemingly small issues such as where to shop represented a significant obstacle to overcome.

While the RN migrants in this study negotiated the psychological and physical relocation to Australia, they also faced the uncertain prospect of obtaining employment within the nursing field. Many arranged employment before arriving in Australia only to find that what they had expected fell far short of the reality. The need to find work quickly was further fuelled by the unanticipated expense of settling and living in Australia.

Many participants expected that they were prepared to adapt to Australia having researched thoroughly, often via the Internet, before arriving. This phenomenon featured prominently in the data and the researcher referred to this as *blind faith*. This blind faith most often derived from still images depicting a wonderful new land where the sun shone brightly and there was little else than warm sun, white sands, blue skies and calm, clear oceans. For many, however, it soon became apparent that the reality was not as golden as their dreams. This often created feelings of disillusionment and hindered their resettlement process.

The cultural differences between the UK and Australia were far more pronounced than expected by the migrant RNs. For some, adjusting to a new way of life where they found people were unexpectedly rude or exclusive at times was difficult. When this unexpected element of the culture represented the reality of the nursing workplace, the impact was twofold and challenged their ability to finding a fulfilling professional role. Belonging to Australia was important for the RNs as they settled and planned a life in the new country. Many had visions of a large home and comfortable lifestyle, yet some are still seeking this dream a number of years following their initial migration.

For the majority of participants, the resettlement process took approximately two years—two years to feel settled, to understand new ways, to fit in, and to enjoy the new life that Australia offered. Apart from two participants, all remained in Australia during the time of this study. Overall, all remaining participants spoke positively about the total migration experience, even though it was harder than they expected. Migrating with a family was highlighted as a positive feature of the move as was trying new things and appreciating differences. Being an RN also enabled ease of finding employment, although it often took more than one job to find the right one. Participants had goals and dreams for the future for themselves and their family and were, in the main, content to have made the move to WA. This migration journey was explored through a heuristic inquiry.

The Process of Heuristic Inquiry

The heuristic inquiry process was an immensely personal approach, which required me to revisit, in depth, my own journey to better understand the phenomenon of migration. In choosing heuristic inquiry as a guide, I was exposed to stages of inquiry and processes, with each presenting their own unique challenges, yet revealing new layers of understanding, ultimately enriching the ensuing narrative. In accordance with Moustakas's (1990) method, I initially explored my own migration experience (presented in Chapter 5). Individual depictions were then developed from the interview transcripts to introduce each participant to the reader. As Moustakas identified, periods of incubation were necessary to withdraw from the intensity of the experience and allow, for me, a new and deeper understanding of the phenomenon of migration.

The method, although time consuming, demanded my complete dedication to the task of knowledge building and the creation of an intricate picture of the migration experience. Heuristic inquiry enabled the participants to have a voice through the process of individual depictions, a composite depiction, and an exemplary portrait. The latter demonstrated that although each participant's personal journey was unique, the phenomenon of migration by RNs from the UK to WA had similarities. In Chapter 7, I presented the core essences, which represented the collective emotions and experiences of the participants.

The exemplary portrait, presented in Chapter 8, shared the story of Mary. She found that resilience—as well as a willingness to embrace a new identity and a readiness to adjust to a new life—increased the likelihood of a successful migration experience. The heuristic process also offered an opportunity to develop and present a creative synthesis to demonstrate the total experience. The creative synthesis of this study—*Nurse migration: A model for success*—offers current and future migrant RNs from the UK a framework for understanding the migration journey.

Heuristic inquiry as a personal journey

A need to understand my personal motivation to migrate to WA sparked my research into the topic of migration. To this end, it was necessary to also research the experiences of other UK migrant RNs to WA. I was privileged to share the personal and professional journey of 20 other UK migrant nurses. Their stories have taught me that, although my journey was unique for me—as theirs was for them—there were many parallels in our stories.

The beginning of the journey for me was exciting but after arrival in WA, I often despaired and questioned why I had migrated, particularly when obstacles confused and upset me. I can see now that this was a normal process and that the 20 other participants also experienced dark days and uncertainty. The turning point for me was finding a suitable home, settling in and securing meaningful employment. An inner voice told me that I had not yet reached professional satisfaction, which meant that I continued to seek a similar level of professional achievement to what I had attained in the UK.

My family—my husband and two children—enabled us to establish a social network through interests we shared with other parents and their children. New friendships developed, replacing the family and friends we left behind in the UK. Cultural appreciation of local and national traditions developed; we accepted them once we understood them.

For me, at times, it would have been easier to return to the UK rather than to stay but the need to succeed and the desire not to be seen as a failure provided the impetus to stay. The ability to both develop new friendships and establish a new professional identity demonstrated a degree of resilience, which enabled my migration experience to succeed.

The participants provided a rich tapestry of the migration experience, one to share with a wider audience. I am proud to take their stories and share them so that

potential RN migrants can understand and value the enormity of that decision to migrate, and appreciate what it all means.

Migration attributes

The three attributes required for a successful migration identified in this study were (a) resilience; (b) establishing a sense of new personal and professional self-identity; and (c) the ability to adjust to change. While other researchers previously identified these attributes (Glass, 2009; Grant & Hogg, 2012; Johnson et al., 2012; Liu, 2013; Williams, 2012), they did not uncover how they affected the migration experience of RNs from the UK to WA. In this study, the strategies for developing resilience noted by Glass (2009) and Williams (2012) relied on the migrant RNs' ability to fit in to a new country and be able to develop coping strategies for dealing with the new and unfamiliar. If sponsorship is offered, being well informed by the future employers about social, cultural and employment issues from the start of the migration process will assist in the development of resilience, reduce dissonance and increase integration to a new country.

Developing a new identity, the second attribute, encompassed both a personal and professional identity. The development of a new personal identity (Grant & Hogg, 2012) required that the RN recognise the need for new friendships and find familiar resources, often relying on those who have walked the path before them, to assist in the social transition to a Western Australian lifestyle. They often found new friendships through the workplace and, therefore, these were linked closely with professional satisfaction.

Professional identity as identified by Johnson et al. (2012) was also recognised in this study and relied on the ability to start again in a new environment. Professional identity also relied on the recognition by the migrant nurse as well as the new employer of the skills brought to the new workplace. The new employer needs to recognise the professional expertise of RNs from the UK quickly, or he/she will seek alternative employment. Employers can assist these new migrant RNs by providing a

mentor, one of *the firm* as described in Chapter 8, who understands the migration process, to ensure a greater chance of integration into the local workforce.

The third attribute was the ability to adjust to change—to adapt to life in a new country through a sense of belonging (Liu, 2013). This adaptation included the capacity to face and overcome challenges, especially within the first 12 months, and to be able to settle and appreciate that it may take up to two years to feel truly settled. Meaningful employment and the development of significant friendships assist in the adaptation process for RNs from the UK migrating to WA; therefore, social functions organised by employers could ensure that new migrants felt welcomed.

The identification of these attributes are significant and can now be developed into tangible strategies that may be used by policy makers, managers and new migrants for a successful transition to not only a new country but to a new workplace. These will be discussed under Recommendations.

Strengths and Limitations of the Study

The conduct of any research study has associated strengths and limitations. This section highlights these issues in relation to understanding the experience of RNs from the UK migrating to WA.

Strengths of the study.

There is a paucity of literature around the experience of nurse migration from the UK to WA despite UK migrant nurses contributing significantly to the Australian nursing workforce, with Perth being the most popular destination for UK migrant nurses over the past few years (Australian Bureau of Statistics, 2013a). This study adds to nurse migration literature offering a qualitative perspective. The migration model presented offers policy makers and managers a way of reconsidering the milestones of migration that require support and development in order to sustain the migrating workforce from overseas. This model also provides an opportunity for migrant nurses to recognise their personal, emotional and challenging journey. This migration

model can be tested in a larger study and offers transferability to other migration experiences.

This study also identified the professional hurdles experienced by UK migrant RNs while transferring their skills to Australia. These hurdles included: (a) employers not matching the RN's expertise to the skills pertinent to the clinical area; (b) short induction and/or buddy/mentoring programs; (c) inadequate time frame allowed for the development of requisite competencies; and (b) lack of professional development and other activities to assist workplace enculturation. By implementing strategies to overcome these hurdles, employers would increase the RN's sense of value in the workplace. This study also identified some key opportunities that Australian employers can capitalise on to ensure clinical expertise is not undermined but rather harnessed and valued.

Limitations of the study.

Recruitment from an urban area limited the scope of this study as only the views of RNs mainly working in large tertiary hospitals were represented. The views of RNs working in rural areas and smaller nursing centres were not captured. Another limitation may have been the time frame during which the study was undertaken. It captured the migration experience of two who had only migrated six months previously, which may have affected the depth of the experience they described. This may be seen as restrictive because some participants were early in the resettlement phase. A longitudinal study at three and four years may have provided more depth of data.

Recommendations

Recommendations for improving the migration experience and to guide further research are summarised under three themes: (a) policy makers; (b) employers, and (c) nurse migrants. These recommendations have been drawn from an understanding of the contemporary literature around migration policy and healthcare worker migration, and grounded in the findings from this research during the examination of the migration journey of RNs from the UK to WA.

Recommendations for policy makers.

From the perspective of RNs from the UK migrating to Australia, the visa application process could be simplified. Visa choice for RNs considering migration to Australia can appear complicated, with many travelling on a 457 four-year temporary business visa unaware of the longer-term implications or restrictions imposed with this visa. Policy makers may also need to consider physical support, for example, a caseworker in the UK to assist RNs during the visa application process, and a caseworker to assist RNs for the first month following arrival in Australia because migrants have identified this period as the most stressful. A caseworker could assist in the initial resettlement phase by making contact with the new migrant in a timely manner and being available to answer questions relating to housing, banking, shopping and healthcare. Another example would be assistance with provision of affordable and clean housing on arrival.

Recommendations for employers.

Employers can be informed by this research to offer clarity to potential migrants (from any country) about any restrictions regarding visas on offer when the visa is tied to an offer of employment. Employers should acknowledge and reward appropriately the previous clinical experience of RN migrants needs to be acknowledged and rewarded appropriately with competencies being assessed on a fast track basis. Professional mentors need to be considered in the work place to give support and guidance to new RN migrants. The availability of a professional mentor would enable a speedier integration into the workforce and assist in retention of this group. Social events organised by employers would also assist with integration in the workforce. For example, WA Police support the new migrant with finding suitable housing, providing a meet-and-greet at Perth Airport and organising social events in the early months following migration.

Also identified in this study was the need for employers to match new migrant RN expertise with needs of the service when at all possible. This would assist in retention, as the RN would feel skilled in the clinical speciality where expertise has

previously been achieved. This matching skills and expertise of the migrant RN to the clinical area also is likely to increase job satisfaction and improved patient care.

Early information relating to industrial relations agreements including grading/levels of nurses, pay and conditions, penalties and salary sacrificing, as identified in this study, would be of benefit for new migrants. Contact by a Human Resources officer for migrants travelling on a sponsorship visa would assist the migrant RN to understand any employment restrictions and feel supported in a new country with new laws.

Induction programs specifically tailored to new migrant RNs would ensure that any differences in nursing practice are addressed at the beginning and limit chances of misunderstanding. By providing each new migrant RN with an established migrant nurse, any concerns or queries could be addressed in a confidential supportive environment. Nursing competencies need to be assessed within the first 30 days of employment and be integrated into the induction program. Timely performance management reviews at three-monthly intervals for the first year of employment will also ensure that new migrant RNs meet the required competencies and the expectations of the employer.

Recommendations for future nurse migrants.

This study offers UK migrant RNs a model from which to map their own personal journey from being a UK RN and citizen to being an Australian RN and citizen. They can learn from the experiences of their predecessors and manage the maze of migration with less difficulty and understand the issues to be faced. In a more tangible way, RNs considering migration to WA or any other country need to be aware of the overly-positive images provided on networking and Internet sites. This awareness may reduce the potential for personal and professional dissonance on arrival at their new home.

To ensure the chance of a successful migration experience, new RN migrants from the UK, as well as those from other countries, need to take responsibility for

investigating the best type of visa available to them. Taking advice from more than one source may facilitate this vital aspect of the migration process. New migrants need to be aware that added expenses that may be required in the initial period and to have funds to deal with the unexpected. They need to be aware that rental housing may not be equal to what has been left behind and that compromise may be necessary until fully settled.

To ensure the best chances of professional fulfilment, new RN migrants need to appreciate that it may be necessary to move jobs in the first 12 months. Requesting a buddy nurse or experienced preceptor who has migration experience may assist in the transition from UK RN to Australian RN. Finally, being aware of the need to complete an application for nurse employment by addressing in detail the essential and desirable criteria for the position may also prepare the RN from the UK for the Australian workforce.

Conclusion

This study offered a unique opportunity to examine the experience of 21 RNs who chose to migrate from the UK to Perth, WA. The heuristic process demanded a deep immersion in the retelling of the migration journey to understand fully, from the inside out, what constituted the experience. Meaning and richness supported this understanding through the exploration of the researcher's reflection of her migration experience.

By following the trajectory of the experience of these UK migrants, the researcher arrived at a schematic model of the total migration picture. While the creative synthesis is expressed by various researchers in different ways, *Nurse Migration: a model for success* was the way I found to express migration as I came to understand fully both my own and others' experiences and the multidimensional nature of the phenomenon.

The model depicts the initial decision—whether or not to migrate considering push and pull factors in the UK and Australian contexts. In choosing to migrate, the

participant experienced a number of physical, emotional, cultural and professional issues represented by the main themes (*making the move: finding a way; new life: fitting in; and staying: finding the new me*), also represented in the model. Finally, resilience, identity and adaptation were recognised as necessary attributes to make the migration dream a reality. Push and pull factors provided a theoretical framework and were responsible for the initial decision to migrate and again with the decision to stay in WA.

The heuristic migration model, *Nurse Migration: a model for success*, offers past RN migrants an opportunity to reflect on their personal and professional journey. It also offers an opportunity to view the magnitude of the process and the life-changing decisions made along the way. The model potentially offers new or future migrant RNs reassurance that the feelings they experience are normal and that migration is a process that requires emotional, financial and professional commitment. This country offers a new life, an adventure, and an opportunity to search for new meaning, but often at a cost—loss of family and friends, and even loss of an established personal and professional identity.

This study has been professionally rewarding and personally challenging, but ultimately, incredibly enlightening. By taking this journey through the experiences of others, I was able to revisit my own migration journey. I found that my experiences of loss, disillusionment and frustration interspersed with happiness were not unique to me but were shared by many, and yet not often discussed. This need for validation and understanding were crucial for me to undertake this work. The goal of conducting such deeply personal and reflective research was about developing shared understandings so that the path can become clearer for others; for myself as researcher, I see more than I ever imagined could have been there. By sharing our experiences, we can develop strength, and through a community of understanding, we can develop tolerance. In doing that, futures can be changed and the experience of migration can be made more positive and sustainable for others.

We come across people and places in our lives for a purpose. Some places remind us of where we do not want to be; other places ignite new dreams. Some people are with us only for a short time to show us how not to exercise our humanity, and others come into our lives to remind us that there is more we can give, and that perhaps the obstacles we face, sometimes temporarily blind us to our true potential. I began this journey to better understand myself and to understand how other people like me navigated their journeys. I end this journey feeling that I have accomplished something that I never imagined I could; to find the essence of the phenomenon of the migration experience. I have honoured the voices of those who shared with me their own personal migration journey, their thoughts and dreams and their re-emerging sense of self in a new land. Finally:

Having made a discovery, I shall never see the world again as before. My eyes have become different; I have made myself into a person seeing and thinking differently. I have crossed a gap, the heuristic gap, which lies between problem and discovery. (Polanyi, 1962, p. 143)

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APPENDIX A Ethics approval

memorandum	
To	Professor Robin Watts Nursing and Midwifery
From	A/Professor Stephan Millett, Executive Officer, Human Research Ethics Committee
Subject	Protocol Approval HR 125/2007
Date	8 November 2007
Copy	Dr Jack Anastasakis, Nursing and Midwifery Caroline Vafeas (35 Meadowbrook Promenade Currumbine WA 6028) Graduate Studies Officer, Faculty of Health Sciences

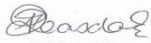
Curtin
 University of Technology
 Office of Research and Development
Human Research Ethics Committee
 TELEPHONE 9266 2784
 FACSIMILE 9266 3793
 EMAIL hrec@curtin.edu.au

Thank you for your application submitted to the Human Research Ethics Committee (HREC) for the project titled "The Lived Experience of United Kingdom Migrant Nurses in Western Australia". Your application has been reviewed by the HREC and is approved.

Please note the following:

- You are authorised to commence your research as stated in your proposal.
- The approval number for your project is **HR 125/2007**. Please quote this number in any future correspondence.
- Approval of this project is for a period of twelve months **06-11-2007 to 06-11-2008**. To renew this approval a completed Form B (attached) must be submitted before the expiry date **06-11-2008**.
- If you are a Higher Degree by Research student, data collection must not begin before your Application for Candidacy is approved by your Divisional Graduate Studies Committee.
- The following standard statement must be included in the information sheet to participants:
This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR 125/2007). If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845 or by telephoning 9266 2784 or by emailing hrec@curtin.edu.au.
- It is the policy of the HREC to conduct random audits on a percentage of approved projects. These audits may be conducted at any time after the project starts. In cases where the HREC considers that there may be a risk of adverse events, or where participants may be especially vulnerable, the HREC may request the chief investigator to provide an outcomes report, including information on follow-up of participants.
- The attached **FORM B** should be completed and returned to the Secretary, HREC, c/- Office of Research & Development:
 When the project has finished, or
 (i) If at any time during the twelve months changes/amendments occur, or
 (ii) If a serious or unexpected adverse event occurs, or
 (iii) 14 days prior to the expiry date if renewal is required
 (iv) An application for renewal may be made with a Form B three years running, after which a new application form (Form A), providing comprehensive details, must be submitted.

Regards,


 A/Professor Stephan Millett
 Executive Officer
 Human Research Ethics Committee

Project Number: 7231 VAFEAS

Project Name: Migration Matters: The Experience of United Kingdom Registered Nurses, Migrating to Western Australia: A Heuristic Inquiry

Student Number: 10251857

The ECU Human Research Ethics Committee (HREC) has reviewed your application and has granted ethics approval for your research project. In granting approval, the HREC has determined that the research project meets the requirements of the *National Statement on Ethical Conduct in Human Research*.

The approval period is from 6 December 2011 to 31 December 2012.

The Research Assessments Team has been informed and they will issue formal notification of approval. Please note that the submission and approval of your research proposal is a separate process to obtaining ethics approval and that no recruitment of participants and/or data collection can commence until formal notification of both ethics approval and approval of your research proposal has been received.

All research projects are approved subject to general conditions of approval. Please see the attached document for details of these conditions, which include monitoring requirements, changes to the project and extension of ethics approval.

Please feel free to contact me if you require any further information.

Regards
Kim

Kim Gifkins, Research Ethics Officer, Office of Research & Innovation, Edith Cowan University, 270 Joondalup Drive, Joondalup, WA 6027 research.ethics@ecu.edu.au Tel: +61 08 6304 2170 | Mobile: 0428 035 397 | Fax: +61 08 6304 5044 | CRICOS IPC 002798

APPENDIX B Participant information form



Curtin University of Technology
School of Nursing and Midwifery

Participant Information sheet

Study Title: The Lived Experience of United Kingdom Migrant Nurses in Western Australia

My name is Caroline Vafeas and I am currently completing a piece of research for my PhD Degree at Curtin University of Technology. The purpose of this study is to give UK nurse migrants an opportunity to tell the story of their migration experience. The knowledge gained from this study will be of major significance to current nurse migrants, future nurse migrants, Australian employers of nurses and statutory agencies. I am interested in finding out about your migration experience through an interview. The interview will consist of tape-recorded interview lasting 40-60 minutes. If you agree to be interviewed it will be at a time and location suitable to you.

Consent to Participate

Your involvement in the research is entirely voluntary. You have the right to withdraw at any stage without it affecting your rights or my responsibilities. When you have signed the consent form I will assume that you have agreed to participate and allow me to use your data in this research.

Confidentiality

The information you provide will be kept separate from your personal details, and myself and my supervisors will only have access to this. The interview transcript will not have your name or any other identifying information on it and in adherence to university policy, the interview tapes and transcribed information will be kept in a locked cabinet for five years, before it is destroyed.

During the interview you may decline to answer any questions and at any time you may request that the tape recorder be switched off. The interview will also be stopped if at any time you become distressed. If you feel distressed and require professional counselling, support will be provided by the researcher to access these services.

This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR 125/2007). If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/-Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845 or by telephoning 9266 2784 or by emailing hrec@curtin.edu.au.

If you would like further information about the study, please feel free to contact me on 0433 651 156 or by email: c.vafeas@ecu.edu.au. Alternatively, you can contact my supervisor Professor Robin Watts on 9266 7457 or by email: r.watts@curtin.edu.au.

Thank you very much for your involvement in this research, your participation is greatly appreciated.

APPENDIX C Participant consent form**Consent Form**

The Lived Experience of United Kingdom Migrant Nurses in Western Australia

Participant Statement

I..... (Print Full Name)

have read the information on the attached letter regarding this study relating to the lived experience of UK migrant nurses in Western Australia. I understand the nature and the intent of the study and any questions I have asked have been answered to my satisfaction. I have also been informed where to direct any future questions. I agree to participate in this research but understand that I can change my mind or stop at any time. I understand that all information provided is treated as confidential. I agree for this interview to be recorded. I also agree that research gathered for this study may be published provided names or any other information that may identify me is not used.

Signature..... Telephone.....

Signature..... Researcher

Date.....

APPENDIX D Demographic information form

Demographic Information

Background Information for Migration Study

No.....

Number	Questions	Answer
1	Age	
2	Gender	
3	Marital status	
4	No. and ages of any children	
5	Date of migration	
6	Where did you move from in the UK	
7	Nursing qualifications	
8	UK salary	
9	Current salary	
10	Email	

APPENDIX E Data analysis, coding, exploring and finding themes



1. DATA ANALYSIS - CODING



**2. DATA ANALYSIS –
EXPLORING THEMES**



**3. DATA ANALYSIS –
FINDING CORE ESSENCES**

APPENDIX F Summary of focus group

<p>Making the move: finding a way</p>	<ul style="list-style-type: none"> • Even though some felt organised on leaving, there was more to do once in WA • Expensive • Took time to organise the small things • Array of visa choices was confusing as options not understood • Trusting online information • Overwhelmed at task of migration
<p>New life: fitting in</p>	<ul style="list-style-type: none"> • They shared experiences of their various nursing roles since migrating to Perth. Starting a new job felt a lot like starting over entirely • Often felt ignored by staff and treated as very junior • Felt they were perceived as “know it alls” so refrained from contributing where they could contribute to practice issues • The differences in seemingly comparable nursing roles between the UK and WA was an obstacle • Housing not always what was expected • Difficult to navigate health care (i.e., Medicare and private insurance) • The migrant often experienced two or more jobs changes before finding a role equal to or better than that which they left in the UK • Felt they had lost status in the move to WA • The system here was much more hierarchical than in the UK and that unlike a D/E grade which were not hugely different in the UK translated here to a 1.9 RN and a level 2 CN; feeling that the difference in treatment once reaching CN status here was significant • Some linked the migration experience to a complete loss of identity • Nursing culture different—the job not the same • Communication culture—abruptness, reverse culture shock, others perceive the UK accent • Funny differences: bring a plate, bare feet in shops and hospitals • Frustrating differences: clothes and food, no post on a Saturday, shops close early • Feeling low at times relating to loss of identity • Shock set in after a couple of months • Competing demands—children/financial/job • Moments of elation and periods of despondency
<p>Staying: finding the new me</p>	<ul style="list-style-type: none"> • Difficulties not having any family in WA • Feeling comfortable after a few months • Feeling happy and content with life • Having a home, help the settlement • Making friends with other UK migrant nurses • Niche at work contributing to feeling of belonging • Becoming an Australian Citizen

This diagram identifies the key topics identified by participants during the focus group.

APPENDIX G Individual depiction Nina

Nina is a 36-year-old registered nurse who migrated to Perth in September 2006. She is married with two children, aged 10 and 12 years. Nina originally came from Ireland but moved to England at the age of 17 to pursue a nursing career. She knew of other nurses who had migrated to Australia and their stories reflected satisfaction with their move.

Nina decided to migrate due to dissatisfaction with work and life in the UK. Work issues that caused concern included having to work 80 hours a week, taking paperwork home, feeling unsupported in the ward environment and overwork due to a lack of clinical staff. Nina had grown to dislike her work in the UK, declaring that she “hated it” at the time they decided to migrate. Life issues in the UK that caused her concern included not spending enough time with her children and husband due to excessive hours spent at work.

Nina chose Perth as her destination after eliminating Sydney and Melbourne from hearsay as “too busy” and not dissimilar to London. Nina’s mother had one family member in Perth whom she had met once in the UK, and Nina felt comfortable to know someone even slightly.

Since migrating, Nina has been able to reflect on her professional life. Employment here differs for Nina due to being able to share the workload with more staff, double the number of trained staff and greater job satisfaction. Her migration journey was not smooth sailing. Nina originally had a four-year sponsorship agreement as part of her migration visa only to find on arrival that the actual length of sponsorship was one year only. The family had used the services of a migration agent who arranged the job for Nina. She was interviewed over the phone and offered the position and sponsorship a week later. In Perth, Nina was told that despite documentary evidence to the contrary, the four-year agreement was a mistake.

This experience of sponsorship encouraged her to apply for permanent residency (PR) within six months of arriving. Nina's family had already paid \$10,000 for the initial migration process and now faced paying an additional \$7,000 for the PR process, which involved filling out many more forms, repeating much of what had been done previously in the UK. This stressful time made her feel angry about the whole migration and sponsorship process. In hindsight, she feels that the sponsorship visa was the easier option at the time but only because she did not understand the migration process or options, and just wanted to get to Australia quickly.

Nina had 16 years' experience as a registered nurse working mostly in London and Surrey in the UK, mostly in orthopaedics and trauma units, working her way up from staff nurse to Sister (G Grade), a ward manager role. On moving to Perth, Nina secured a Level 1.3 junior registered nurse position and is currently a Level 2 clinical nurse at a public teaching hospital. She felt the initial role as registered nurse in Perth did not pressurise her too much; she needed the time to focus on many other areas of settling in.

The family's social life is now great, with Nina reducing her working week from five days to three days once PR was granted. Previously, Nina's sponsorship was conditional upon full-time employment. The children have settled into school, only missing their friends initially. The family enjoy spending time with each other; Nina especially loves being able to collect the children from school and help with homework, both things that were not possible in the UK due to her long working hours. They often manage an hour at the beach in the early evenings. Nina now feels that she spends quality time with her children—and even sometimes has a conversation with her son. Nina is happy with the school system but believes the primary schools are behind the UK system.

One of the hardest things they found on arrival was making friends when they did not know anyone. Her mother's relatives are in their 60s, so there was not much social contact with them. Nina feels that they have settled in now after two years.

While contact with family in the UK appears to be easy with Internet and telephone connections, Nina feels that her husband may miss his family more than he says, although both sets of parents have been to stay in Perth since they migrated. Nina now goes swimming once a week, plays hockey and touch football, and has made a few good friends. Her husband is not very outgoing and has not made any of his own friends, just the ones through Nina. She feels that they probably got a bit on top of each other initially due to not knowing anyone.

Her husband easily secured a position as a parts manager at a car dealership, similar to his employment in the UK. After a couple of promotions, he now earns more than he did in the UK. Nina did express concern regarding her husband's lack of social contacts outside of work.

They are still unsure about buying a house in Perth and have rented for the past two years. They had owned their house in the UK and feel that renting is very expensive in WA. Renting prevents them from decorating, having a pet or feeling that they belong. Finding the rental in the first place was a huge process with many people putting in applications for the same place and they often lost out. As new migrants, they found the rental system confusing in terms of trying to understand housing contracts and paying a bond for the first time.

Things they have found hard and confusing include completing the compulsory annual tax returns and understanding the need for private health insurance. They received a tax bill for \$3,000 because they had completed the forms themselves and did not know that childcare benefits are means tested. This means that if your salary increases, you may at some point during the year no longer be eligible for benefits and have to pay it back at the end of the financial year. They undertook much research before migration but feel the books and websites did not address many important issues. They also invested their money on arrival for 12 months but were surprised and disappointed to find the taxman took three quarters of the interest at tax time. Nor were they aware of the 1.5% Medicare levy imposed on all taxpayers who earn above a certain threshold and don't have private hospital cover.

Another surprise was the extra costs involved in buying a car, including having to pay third party insurance as well as fully comprehensive insurance. Unlike in the UK, they also had to pay to see the doctor (GP). Nina expressed that drivers in Perth are “lunatics” and that it was very scary to drive on the roads at the start. However, with experience they have become used to the erratic behaviour of some drivers. On a positive note, they both had large credit card debts in the UK and now have none.

Another shock was the comparatively short amount of sick leave available in the WA healthcare system. Nina now gets 10 days of paid sick leave a year whereas in the UK she was entitled to six months full pay followed by six months half pay if needed. She did not find out for a few months about her entitlement to additional paid leave through Accrued Days Off (ADOs) until she ran out of sick leave on one occasion and someone explained the system to her. Nina speaks highly of the induction period offered at both hospitals, and was supernumerary for one to two weeks. She also found out about salary packaging (paying for items before tax thus lowering your taxable income) only after a few months at work. Nina said that while she does not fully understand salary packaging, it gives her more money so she is happy.

Nina has found the nursing staff to be welcoming and supportive. There was lots more support from management than she had previously experienced in the UK. She did express boredom at the private hospital after a few months with mostly elective surgery, much preferring the acute orthopaedic and trauma area at the public hospital. Nina was unaware that her initial work place was a 45-minute drive from home because she said it did not look so far on the map.

She does not regret moving to Perth and they are looking forward to becoming Australian citizens. She does not think they would move back to the UK but declines to say “never”.